

Fleet Services - Risk Management

510 E 12th St

Des Moines, IA 50319

Vehicle Accident Report Form

- Render aid or assistance to the injured ([per Iowa Code 321.262](#)).
- The State of Iowa is self-insured. Refer to the insurance card and accident report procedures online or in your glove box packet. If the accident involves another party, exchange information with the driver or property owner. Do not admit fault or attempt to settle your claim.
- Call local law enforcement, if a fatality, injury or property damage has occurred, and obtain a police report. On the Capitol complex, call Iowa State Patrol, Post 16 at 515-281-5608.
- Within the first 24 hours, report accident or damage to the Risk Manager at 515-281-8008 or DAS.Risk@das.iowa.gov, your agency fleet contact, and supervisor. Damage caused by an act of nature or unavoidable cause MUST be reported to DAS Fleet Services within 24 hours of the incident to qualify for contingent fund use ([per Iowa Code 29c.20](#)).
- For an estimate, locate the nearest contracted auto body repair shop in the Contracted Service Providers map. A contracted auto body shop within 30 miles should be used if available.
- If towing is necessary, contact DAS Fleet Services (515-281-3162) for assistance. After hours, call National Automobile Club (NAC) FleetRescue* (866-329-3471) or local law enforcement.
- Within 72 hours, print and submit a completed Accident Report Form, including a cost estimate from the auto body shop to DAS.Risk@das.iowa.gov.
- Any accident in the State of Iowa that causes death, personal injury, or total property damage of \$1,500 or more must be reported on an Iowa Accident Report Form UNLESS the accident is investigated by a law enforcement agency and a report is filed. Failure to return an accident report form within 72 hours may result in suspension of driving privileges.

Vehicle Accident Report

Time and location of accident

| | | |
|---------------|-------|-----------------|
| Accident Date | Time | No. of Vehicles |
| | | |
| City | State | |

Vehicle 1 (State vehicle)

| | | | |
|----------------------------|------------|-----------------------|------------|
| Driver's Name | | Work Address | |
| | | | |
| Driver's License No./State | | City, State, Zip | |
| | | | |
| Date of Birth | Department | Work Phone | Home Phone |
| | | | |
| License Plate No. | VIN | Year, Make, Model | |
| | | | |
| Estimate (\$) of Damage | | Description of Damage | |
| | | | |

Vehicle 2 (other vehicle) *if more than two vehicles, use additional forms

| | | | |
|----------------------------|------------|------------------|-------------------|
| Driver's Name | | Street Address | |
| | | | |
| Driver's License No./State | | City, State, Zip | |
| | | | |
| Date of Birth | Work Phone | Home Phone | License Plate No. |
| | | | |
| Description of Damage | | | |
| | | | |

| Property Damage other than vehicle (fence, utility pole, etc) | |
|---|---------------------------------|
| Owner's Name, Address and Phone No. | Description of Property Damaged |
| | |
| Injured Persons (attach additional sheets if necessary) | |
| Vehicle No. 1/ Name and Address | Describe Injuries |
| | |
| Vehicle No. 2/Name and Address | Describe Injuries |
| | |
| Witness | |
| Name | Address/Phone |
| | |
| Name | Address/Phone |
| | |

| Accident Diagram |
|---|
| <p>Complete the diagram below, including a description of what happened. Use the outline below to sketch the scene of your accident, writing in street or highway names or numbers. Use number 1 to indicate the State vehicle.</p> |
| |

Accident Information Exchange Sheet

Other Driver Information

| | |
|--|--|
| Driver's Name | |
| Street Address | |
| Driver Phone | |
| Driver's License No./State | |
| Vehicle Plate No. | |
| Vehicle Year, Make, Model | |
| VIN | |
| Insurance Company Name | |
| Policy No. | |
| Agent Name | |
| Agent Phone | |
| Owner's Name/Address (if different) | |
| Submit this information along with the accident report to DAS Fleet Services within 72 hours of the accident. | |

Complete the next section, tear at the dotted line and give to the other party involved.

State Vehicle Insurance Information

| | |
|---|--|
| Driver's Name | |
| Driver's License No./State | |
| Vehicle Plate No. | |
| Vehicle Year, Make, Model | |
| VIN | |
| <p>The State of Iowa is self-insured. If you have any questions regarding an accident, please contact DAS Fleet Services at 515-281-8008 or DAS.Risk@das.iowa.gov.</p> | |