



Department of Administrative Services
DAS Fleet Services - Risk Management
301 E 7th St
Des Moines, IA 50319

Vehicle Accident Reporting Procedures

1. Render aid or assistance to the injured (Section 321.236, Code of Iowa).
2. Do not admit fault and do not discuss the accident with anyone except Department of Administrative Services, DAS Fleet - Risk Management or law enforcement.
3. Notify the nearest law enforcement agency immediately if accident involves a fatality, injury, or property damage.
4. If the accident involves another party, please use the attached Information Exchange Sheet.
5. Notify your supervisor.
6. Within 24 hours notify Department of Administrative Services, DAS Fleet - Risk Management at 515-725-2243 (8 am to 4:30 pm) After hours 515-897-8728
7. Complete the State of Iowa Vehicle Accident Report (form attached)
8. If the accident results in injury or death of any person, or total property damages to an apparent extent of \$1,500 or more, the accident report required by Section 321.266, Code of Iowa, must be filed out within 72 hours after the accident.

State of Iowa - Department of Administrative Services, DAS Fleet - Risk Management

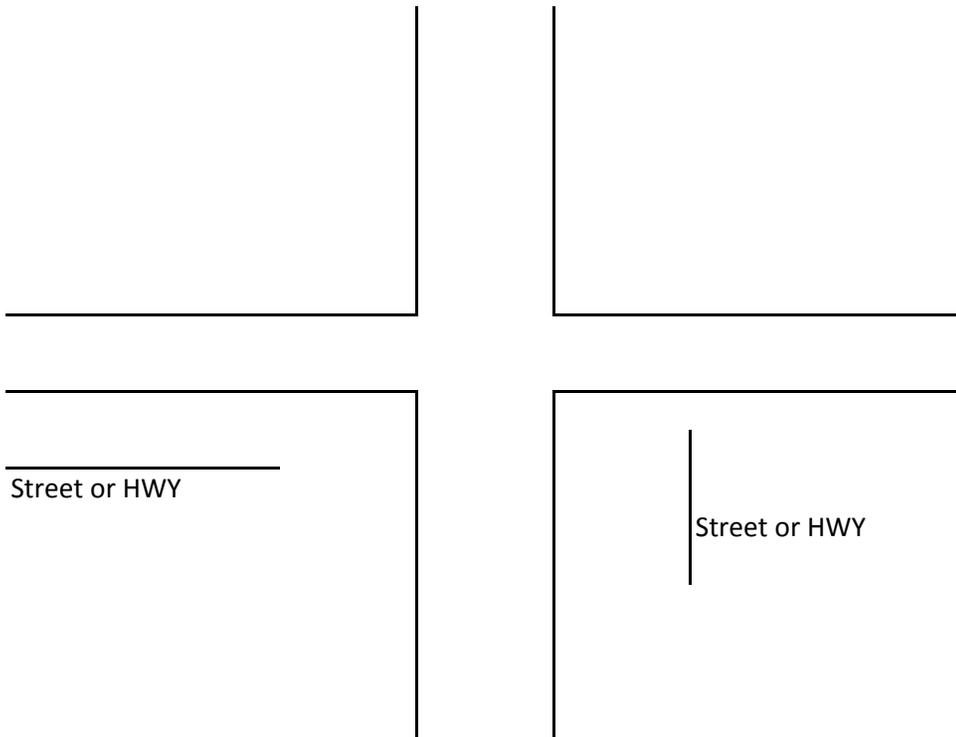
VEHICLE ACCIDENT REPORT			
TIME AND LOCATION OF ACCIDENT			
Accident Date (Mo/Day/Year)	Day of Week:	Time:	No. of Vehicles
County	State		
NO. 1 (STATE VEHICLE)			
Driver's Name		Work Street Address	
Driver's License No. / State		City, State, Zip	
Date of Birth	Department	Work Phone	Home Phone
License Plate No.	VIN	Year, Make, Model	
Description of Damage:			
No. 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.
VIN		Year, Make, Model	
Owner's Name, Address (if Different)		Insurance Company Name / Agent's Name / Address and Phone	
Description of Damage:			
PROPERTY DAMAGE OTHER THAN VEHICLE (Fence, Utility Pole, ect)			
Owner's Name, Address and Phone		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 and Phone	
Name		Address and Phone	

ACCIDENT DIAGRAM

Description of Accident:

Complete Diagram Below.

Use number 1 to indicate State vehicle.



**State of Iowa - Department of Administrative Services
ACCIDENT INFORMATION EXCHANGE SHEET**

State employee: Please complete the bottom half of this form and give to the other party.
Have the other party complete the top half of this form and give it to you.

Other Vehicle Information:

Driver's Name _____
Street Address _____ City, State, Zip _____
Driver License No./State _____ Date of Birth _____
Work Phone No. _____ Home Phone No. _____
Owner's name _____
Street Address _____ City, State, Zip _____
Name of Insurance Company _____ Policy No. _____
Address of Insurance Company _____ City, State, Zip _____
Type of Vehicle _____ Mileage _____
Make _____ Year _____ License Plate No. _____
Number of Occupants _____
Names and Addresses of Passengers _____

Cut along line - Give to other driver

State Employee:

Name _____
Driver License No./State _____
Type of Vehicle _____ Mileage _____
Make _____ Year _____ License Plate No. _____
Owner's Name State of Iowa
Street Address 301 E. 7th St City, State, Zip Des Moines, IA 50319

This is to advise, the State of Iowa is Self-Insured.

If you have any questions, please contact:
Department of Administrative Services
DAS Fleet Services - Risk Management
515-725-2243