

Department of Administrative Services DAS Fleet Services- Risk Management 109 SE 13th St Des Moines, IA 50319

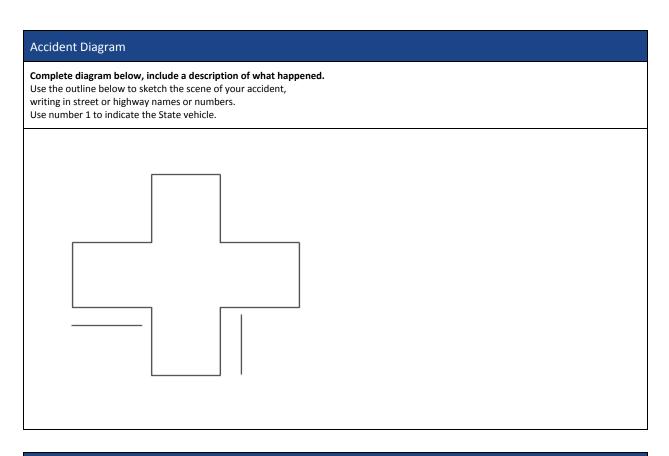
Vehicle Accident Report Form

- Render aid or assistance to the injured (per lowa 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 DAS Fleet Services (515-281-3162 or <u>DAS.Risk@iowa.gov</u>), 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 (<u>per Iowa Code 29C.20</u>).
- 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 <u>DAS.Risk@iowa.gov</u>.
- 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 (Mo/Day/Year)		Time	No. of Vehicles	
County		State		
Vehicle 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		
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	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			



DAS Fleet Services ● 109 S.E. 13th St. ● Des Moines, IA 50319 ● 515-281-3162 Website: <u>https://das.iowa.gov/procurement/fleet.services</u> ● Email: das.risk@iowa.gov

	Accident Information Exchange Sheet	
Other Vehicle 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 Service 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, makel, model		
VIN		
The State of Iowa is self-insured. If you have any questions regarding an accident, please contact DAS Fleet Services at 515-281-3162 of <u>DAS.Risk@iowa.gov</u>		