RM1 State Vehicle Accident & Incident Form

This form is to be filled out by all State employees involved in any type of incident or accident, regardless of whether it is a pool or assigned State vehicle, a rental vehicle, a vehicle on loan to or authorized for use by a State agency from another government or private entity, or when employees are using their personal automobile for official State business.

- I am filling out this form as the State driver involved in the reported incident accident and/or as the one assigned to the vehicle in question.
- I am the supervisor or management personnel of the department where the State driver works or the subject vehicle is assigned to, and am filling out this form due to the State driver's unavailability.
- I am the State employee assigned to the State Vehicle and/or the supervisor/management personnel of the Department where the vehicle is assigned to and am filling out this form on behalf of a **Non-State Employee Driver of a State Vehicle**

Confirm State issued Email*

If you do not have a State-issued account, please enter a personal email

Employee State issued Email*

joeyTsmit@treas.nj.gov

Employee State issued Email*

joeyTsmit@treas.nj.gov

Incident Date*

04/07/2021

Day of Week: **Wednesday**

Time

01:50 PM

State Vehicle Information

Make of Vehicle*

Ford

Model*

Escort

Production Year*

2021

License Plate Number*

M23640

Confidential Plate*

Enter corresponding 90 plate

SG3750

Collision or Non-Collision Incident? (Select all that Apply)*

- Collision Incident
- Non-Collision Incident
- Parked State Vehicle
- Unoccupied State Vehicle

Incident Type*

- Fire
- Stolen Vehicle
- Fallen Tree or Branch
- Windshield Damage
- Injury to occupant in Non-Collision Event
- Unknown Source
- Vandalism
- Weather Damage (Snow, Flood, etc.)

Was the State vehicle parked or garaged in a private facility, other than the State driver's private residence?*

- Yes
- No

Was the State vehicle parked or garaged on government property, other than State-owned property?*

- Yes
- No

Did an individual, other than a State employee or resident of a State Facility, cause the damage/incident in question?*

- Yes
- No
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Number of Vehicles: 1
Number of People: 0

Police Dept: Trenton Police Dept

Police Report Filed: Yes

Incident Location
City or Town: Trenton
County: Mercer
Road # or Name of Street: Warren St
Intersecting Street, Road, or Railroad: Front

Environmental Conditions
Clear: Yes
Dry: Yes
Daylight:

NEXT
Was Citation Issued?
- Yes
- No

State Driver or Employee assigned to the vehicle
- First Name: Joey
- Last Name: Smith
- Phone Number: (609) 123-4568
- Home Street: 515 West New St
- City: Princeton
- State: NJ
- Zip: 08655
- DOB: 12/29/2020

Driver's License Information
- License Number: 1234567890102
- License State: NJ
- Division: Risk Management
- Institution, Facility or University: None

Primary Work Location
- Street: 20 West State St
- City: Trenton
- State: NJ
- Zip: 08625

Type of State Vehicle
- Compact

Was a State Department Sponsored Defensive Driving Course Completed within the last 36 months?
- Yes
- No

Online or classroom setting
- course sponsored by the Employee's department
- Statewide LMS online course offered through CSC-CLIP e-learning

Date Completed: 03/02/2021

Please upload course certificate prior to or after submitting this form, using the upload document feature.

Current Accident-Related Damage to State Vehicle
Use mouse to mark area of damage on the diagram
Incident Diagram
Drag objects into diagram scheme.
Use double click on objects to activate rotation controls, also rotate compass image to indicate North.

State Vehicle
SV

Indicate North
By Arrow
In Circle Above

Incident Description
State Vehicle was stolen from side street across from employee's office and vandalized.
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Document Upload

<table>
<thead>
<tr>
<th>Photos</th>
<th>Click to attach files...(Max File Size: 2GB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit Police Report</td>
<td></td>
</tr>
<tr>
<td>Submit Estimate, Invoice or Work Order for State Vehicle</td>
<td></td>
</tr>
</tbody>
</table>
| Note: Do not upload any estimate or invoice if the subject vehicle was or is being serviced/repair
d at Treasury’s Bureau of Transportation Services, f/k/a Central Motor Pool. Transportation Services personnel are responsible for uploading the estimate and invoice directly onto the system. |
| If the State Vehicle did not sustain damage which required repairs, you must indicate so on the “Submit Estimate, Invoice & Work Order” section. |                                             |
| Internal Agency Incident or investigation report                | Click to attach files...(Max File Size: 2GB) |
| Letters - Lawyer & Insurance co.                               | Click to attach files...(Max File Size: 2GB) |
| Other                                                          | Click to attach files...(Max File Size: 2GB) |

Employee Signature

State Employee: peter Tester  Date: 07/08/2021

Supervisor Information

* Supervisor First Name
Joe

* Supervisor Last Name
Tester

* Supervisor Email
joe.tester@treas.nj.gov

* Confirm Supervisor Email
joe.tester@treas.nj.gov

 △ Emails must match

I'm not a robot [ Checkbox ]
Form is completed. Your supervisor will receive an email with a link to the form for his/her review and approval, which he/she will forward to the fleet vehicle coordinator. It is imperative that you secure and upload a copy of the police report, if one was filed, as soon as possible as called for in the State Vehicular Use and Assignment Policy. Please check your email in a few minutes.