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 Issued Email*  Confirm State Issued Email*
JoeyT.smith@treas.nj.gov  JoeyT.smith@treas.nj.gov

Incident Date* 03/02/2021  Day of Week: Tuesday  Time: 12:04 PM

State Vehicle Information

Make of Vehicle*  Ford
Model*  Escort
Production Year*  2021

License Plate Number* M23583

Confidential Plate* Enter corresponding SG plate*
SG49678

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

☐ Collision Incident  ☐ Non-Collision Incident

☐ Parked State Vehicle  ☐ Unoccupied State Vehicle

Incident Type*

☐ Animal Strike  ☐ Collision with Debris or Non-Fixed Object

☐ Collision with Fixed Object  ☐ Pothole

☐ Collision with Pedestrian/Pedal cyclist  ☐ Collision with Other Vehicle

NEXT
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☐ 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

Joey.T.smith@treas.nj.gov

Incident Date: 03/02/2021

Time: 12:04 PM

Day of Week: Tuesday

State Vehicle Information

Make of Vehicle: Ford

Model: Escort

Production Year: 2021

License Plate Number: MZ3563

If the Plate number provided does not begin with an “SG”, “SP”, “TP” or “TD”, please select one from a drop down box:

Confidential Plate:

Enter corresponding SG plate:

SG45678

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

☐ Collision Incident  ☐ Non-Collision Incident

☐ Parked State Vehicle

☐ Unoccupied State Vehicle

Incident Type:

☐ Animal Strike

☐ Collision with Debris or Non-Fixed Object

☐ Collision with Fixed Object

☐ Pothole

☐ Collision with Other Vehicle

☐ Collision with Pedestrian/Pedal cyclist

Details of Collision with Other Vehicle:

☐ State Vehicle rear-ended other vehicle

☐ Other Vehicle rear-ended State Vehicle

☐ State Vehicle backed up into other vehicle

☐ Other vehicle backed up into State Vehicle

☐ State vehicle failed to obey traffic signal

☐ Other vehicle failed to obey traffic signal

☐ State vehicle made a left turn in front of other vehicle

☐ Other vehicle made a left turn in front of State Vehicle

☐ Other type of collision

NEXT
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# of Vehicles: 2
Killed: 0
Injured: 0

Police Dept: Trenton Police Dept.

Police Report Filed: Yes

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

Environmental Conditions
Rain: No
Wet: No
Daylight: Yes

NEXT
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Was Citation Issued?
- Yes
- No

State Driver or Employee assigned to the vehicle
- First Name: Joey
- Last Name: Smith
- Phone Number: (609) 123-5544
- Home Street
- City
- State:
- Zip
- Date of Birth: 02/01/2021

Driver’s License Information
- License Number: 12355686688
- License State: NJ
- Division: Risk Management
- Institution, Faculty or University: N/A

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
- Statewide LMS online course offered through CSC-CLIP e-learning
- Date Completed: 12/08/2020

Current Accident-Related Damage to State Vehicle

Use mouse to mark area of damage on the diagram
RM1 State Vehicle Accident & Incident Form

Other Driver Information #1

Insurance Company: Alistate
Policy Number: 123568978

First Name: John
Last Name: Cooper
DOB: 03/02/2021
Driver's License Number: 1235689444

Address

Street
City
State: NJ
Zip

2 letters abbreviation for state

Vehicle Owner Information

Owner is the same as driver

Vehicle Information

Make of Vehicle: Nissan
Vehicle Model: Sentra
License Plate Number: C23MME
Production Year

State: NJ

2 letters abbreviation for state

Damage Schema

Use mouse to mark area of damage on the diagram

Front
Left
Right
Rear

Draw ☐ Erase ☐

Remove Vehicle Information
RM1- Collision Incident Fifth Page with Damage Property:

### Damaged Property Information #1

**Property Type:**
- [ ] Business
- [ ] Residential
- [ ] Roadway/Highway
- [ ] Government facility/building

**Street:** Front Street

**City:** Trenton

**State:** NJ

**Zip:** 08625

- [ ] Known owner of damaged property

### Detailed Damage Description:
- [ ] Fence
- [ ] Wall
- [ ] Road signs or guardrails
- [ ] Utility Poles
- [ ] Street Lightning Poles
- [ ] Traffic Signal Poles
- [ ] Other

### Detailed Description:

State Vehicle knocked down Traffic Signal poles from the base, after being pushed into same by other vehicle.

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Remove Property Information

[ADD OTHER VEHICLE] [ADD DAMAGED PROPERTY] [ADD PEDESTRIAN / PEDAL CYCLIST] [BACK] [NEXT]
RM1 State Vehicle Accident & Incident Form

Incident Diagram
Drag objects into diagram scheme.
Use double click on objects to activate rotation controls, also rotate compass image to indicate North.

<table>
<thead>
<tr>
<th>State Vehicle</th>
<th>Other Vehicle 1</th>
<th>Property Damage 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV</td>
<td>V1</td>
<td></td>
</tr>
</tbody>
</table>

Indicate North
By Arrow
In Circle Above

Incident Description

Other Vehicle rear ended my State Vehicle and pushed me into the base of the traffic light pole at the intersection.
RM1 State Vehicle Accident & Incident Form

Document Upload

Photos
Click to attach files...(Max File Size: 2GB)

Submit Police Report

Submit Estimate, Invoice or Work Order for State Vehicle

Note: Do not upload any estimate or invoice if the subject vehicle was or is being serviced/repairs 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*

Supervisor Information*

Supervisor First Name*
Joe

Supervisor Last Name*
Tester

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

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

\[\text{Emails must match}\]

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

\[\text{I'm not a robot}\]

reCAPTCHA

BACK  SUBMIT
RM1 State Vehicle Accident & Incident Form

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.