Wisconsin Department of Administration
DOA-6496 (R12/2020)

Vehicle Accident/Incident Report

Bureau of State Risk Management

Risk Management
2100 Reserve, 201C
Stevens Point, WI 54481
risk.management.office@uwsp.edu

Instructions: In case of an accident involving a state-owned vehicle, the driver of the vehicle must:

1. Report the accident promptly to a local law enforcement agency and obtain a copy of the officer's report.
2. Contact your supervisor and fleet manager as soon as practical to report the accident.
3. Within 24 hours of the accident, submit this completed & signed form to your supervisor.
4. Submit this completed form, signed by your supervisor, to the appropriate Fleet Office within 48 hours.
5. If the police do not respond or complete the accident report and the accident has caused bodily injury, vehicle property damage is $1,000 or more and/or government-owned property damage is $200 or more the driver must submit a completed DT4002 Wisconsin Driver Report of Crash Report of Accident to the Department of Transportation within ten days. Forward a copy to the fleet office.

Agency/Dept. Location

Agency/Department Name UW Stevens Point	Division/Institution/Campus	Agency Number
Supervisor's Name		Phone Number ( )
Street Address	City	ZIP + 4

Location of the Accident

Street/Highway			Accident Date (mm/dd/ccyy)	
City	County	State	Accident Time	☐ AM ☐ PM

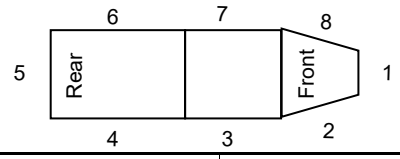
State Vehicle Information

☐ Assigned
☐ Pool/ Functional

State Vehicle Owner Agency/Dept. Name		Reason for Vehicle Use		
Year	Make/Model	Body Type	Mileage	Color
Fleet Number	Vehicle Identification Number		License Plate Number	

Describe Parts Damaged

Circle numbered areas of vehicle damage.



Information on Driver of State Vehicle

Driver Name	☐ Driver Injured ☐ Wearing Seat Belt	Home Phone ( )	Work Phone ( )
Email Address	Date of Birth	Driver's License Number	
Work Address	City	State	ZIP + 4
Home Address	City	State	ZIP + 4

Were There Passengers in This Vehicle? ☐ Yes ☐ No
If Yes, List Names: _____

Injuries	Wearing Seat Belt
☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes ☐ No	☐ Yes ☐ No

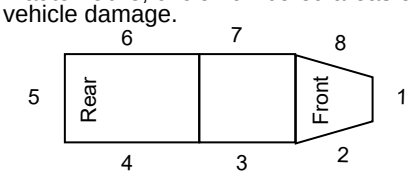
Other Party(s) Involved

(add additional sheets if more than one other party involved)

(Please indicate what type of property was damaged.)
☐ automobile
☐ fence
☐ building
☐ guard rail
☐ other _____

Describe Parts Damaged

If automobile, circle numbered areas of vehicle damage.



Property Owner (if different from driver)		Home Phone ( )	Work Phone ( )
Home Address	City	State	ZIP + 4
Year	Make/Model	Body Type	License Plate Number
Vehicle Identification Number	Insurance Company		Phone ( )
Agent Name	Address		
Driver Name	☐ Driver Injured ☐ Wearing Seatbelt	Home Phone ( )	Work Phone ( )
Home Address	City	State	ZIP + 4
Driver's License Number			

Were there passengers in this vehicle? ☐ Yes ☐ No
If Yes, List Names: _____

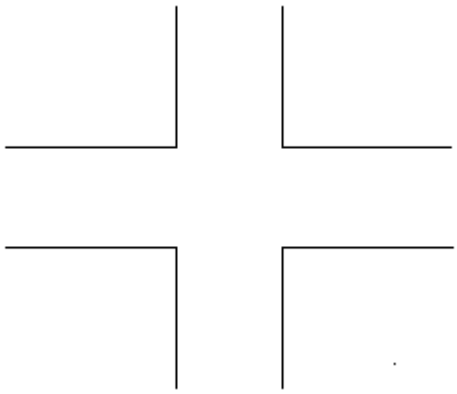
Injuries	Wearing Seatbelts
☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes ☐ No	☐ Yes ☐ No

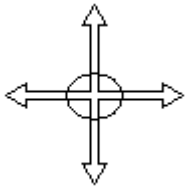
Was the accident investigated by a law enforcement agency? ☐ Yes ☐ No	Were photographs taken at the scene? ☐ Yes ☐ No	By whom?
Name of the Investigating Officer	Law Enforcement Agency Name	Case Number
Were citations issued? ☐ Yes ☐ No	To whom?	
Road Conditions ☐ Wet ☐ Dry ☐ Icy ☐ Other _____	Did the state vehicle have lights on? ☐ Yes ☐ No ☐ Bright ☐ Dim	Did the other vehicle have lights on? (if other vehicle involved) ☐ Yes ☐ No ☐ Bright ☐ Dim
At what speed were you (state vehicle) traveling?	At what speed was the other vehicle traveling?	Posted Speed Limit
What traffic controls were in effect?	For whom?	Who had the right of way?
What signals were given by you?	What signals were given by the other driver?	
What did you do to avoid the accident?	What did the other driver do to avoid the accident?	

Witness Information	Name of Witness		
	Home Address		Phone Number ( )
	City	State	ZIP + 4

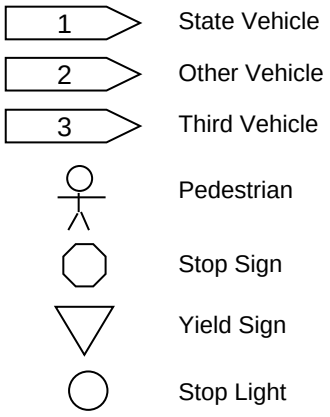
Driver Description of the Accident/Incident ☐ Attached sheets include additional description, witness and passenger information.

Please complete this diagram. Indicate names of streets, direction, position of vehicles and point of contact. Use a solid line to show path before the accident and a dotted line to show path after the accident.





Indicate North



As the driver of the state-owned vehicle described in this report, I acknowledge that all information provided is true and accurate to the best of my knowledge.

Signature of Driver (*Required*)	Date (mm/dd/ccyy)

Scope of Employment Statement

As supervisor of this position, I affirm that the individual named driver was operating the vehicle within his or her authorized scope of employment at the time of the accident. ☐ Yes ☐ No

Signature of Supervisor (*Required*)	Date (mm/dd/ccyy)