

## DOAS Motor Vehicle Accident Self-Report Form

Complete this form if you are involved in an accident while performing state business and the police do not arrive at the scene. Due to Covid-19, police may not report to the accident scene **where no injuries are reported**. Complete this report if the police do not show up to document/investigate the scene of the accident. Complete the entire form at the scene of the accident, attach any additional documentation, such as pictures or videos, and email the form no later than 48 hours to to: [riskmanagement@DOAS.ga.gov](mailto:riskmanagement@DOAS.ga.gov), along with your accident claim.

### Accident Information

|                                                                                           |                                              |                                                                                             |           |                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------|-----------|------------------|
| Est. Crash Time                                                                           | Total # of Vehicles Involved in the Accident |                                                                                             | County    | Date of Accident |
| Road of Occurrence                                                                        |                                              | At Its Intersection With                                                                    |           |                  |
| _____                                                                                     |                                              | _____                                                                                       |           |                  |
| Not At Its Intersection But: _____                                                        |                                              | <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East |           |                  |
|                                                                                           |                                              | <input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West  | Of: _____ |                  |
| Was this a Hit AND Run accident: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |                                                                                             |           |                  |
| Weather Conditions <input type="checkbox"/> Rain <input type="checkbox"/> Snow            |                                              | Road Surface <input type="checkbox"/> Wet <input type="checkbox"/> Dry                      |           |                  |
| <input type="checkbox"/> Clear <input type="checkbox"/> Fog                               |                                              |                                                                                             |           |                  |

Enter the time when the crash or accident took place, including the total number of vehicles involved in the accident, the county and date. Be sure to note the street and the intersection. If the accident did not occur at an intersection, enter the distance (in feet or miles) and location (north, south, east, and west) to the nearest road or intersection. Check Yes or No to indicate whether the accident was a hit and run. Be sure to include information about weather conditions. Select rain, snow, ice, clear or fog. And choose the road service, either wet or dry.

### Driver Information

|                        |                                                                                                                    |                                           |                        |                                                                                                                    |                                           |
|------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Unit #1</b>         | <input type="checkbox"/> Driver<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Bike/Motorcycle | <input type="checkbox"/> Suspect at Fault | <b>Unit #2</b>         | <input type="checkbox"/> Driver<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Bike/Motorcycle | <input type="checkbox"/> Suspect at Fault |
| Last Name First Middle |                                                                                                                    |                                           | Last Name First Middle |                                                                                                                    |                                           |
| Address                |                                                                                                                    |                                           | Address                |                                                                                                                    |                                           |
| City State Zip DOB     |                                                                                                                    |                                           | City State Zip DOB     |                                                                                                                    |                                           |

Identify each unit as the driver, pedestrian, or the biker/motorcyclist. Next, check the unit, either unit #1 or unit #2, that you believe is at fault. Enter the last, first, and middle name of each driver, as well as the city, state, zip code, date-of-birth, address, including the city, state, and zip code.

## Vehicle Information

|                                               |                   |             |         |
|-----------------------------------------------|-------------------|-------------|---------|
| Driver's License No.                          | Class             | State       | Country |
|                                               |                   |             |         |
| Insurance Co.                                 | Policy No.        | Telephone # |         |
|                                               |                   |             |         |
| Year                                          | Make              | Model       |         |
|                                               |                   |             |         |
| VIN                                           | Vehicle Color     |             |         |
|                                               |                   |             |         |
| Tag #                                         | State             | County      | Year    |
|                                               |                   |             |         |
| <input type="checkbox"/> Owner Same as Driver | Owner's Last Name | First       | Middle  |
|                                               |                   |             |         |
| Towed/Removed by:                             |                   |             |         |
|                                               |                   |             |         |

Enter the driver's license number, class, state, and country for each unit's vehicle. The driver's insurance company, policy number and phone number must be collected, as well as the year, make and model for each vehicle. Enter the VIN and vehicle color for each vehicle, as well as the tag number, state, county, and year. If the owner of the vehicle is the same as the driver. If not, enter the owner's last, first, and middle name. Enter the company that towed or removed the vehicle.

## Description of the Accident

Please write a description of the accident. Photographs of the scene of the accident and property damage are welcome supplements to this report.

Use this section to describe the accident. Add photographs of the scene of the accident, as well as property damage. Add anything you think will help clarify the accident.