Ohio DAS General Services Division | Office of Risk Management Service · Support · Solutions

Vehicle Accident Reporting Form

Reporter's Information

First Name	Last Name	Phone Number

Accident Details

Time	Date	Law Enforcement Agency	Report Number

Location Description	County

Address	City	State

Accident Description

State of Ohio Driver Details

Department	Division

First Name	Last Name	Phone Number

Supervisor Name	Supervisor Phone	ARN/SP Number

Year	Make	Model	Plate Number	VIN

Primary Vehicle Damages: ☐ N/A ☐ None ☐ Center Front ☐ Left Front ☐ Right Front ☐ Right Rear ☐ Center Rear ☐ Undercarriage ☐ Top and Windows ☐ Load/Trailer ☐ Other

Primary Property Damages: ☐ N/A ☐ None ☐ Building ☐ Fence ☐ Gas Line ☐ Mailbox ☐ Phone Pedestal ☐ Sign ☐ Utility Pole ☐ Other

Third Party Involved

Role: ☐ Owner/Driver ☐ Owner ☐ Driver ☐ Passenger ☐ Witness ☐ Other

Name	Phone Number

Address	City	State

Zip	Insurance Company	Insurance Company Phone

Year	Make	Model	Plate Number	Vehicle Drivable?

Vehicle Location

Primary Vehicle Damages: ☐ N/A ☐ None ☐ Center Front ☐ Left Front ☐ Right Front ☐ Right Rear ☐ Center Rear ☐ Undercarriage ☐ Top and Windows ☐ Load/Trailer ☐ Other

Primary Property Damages: ☐ N/A ☐ None ☐ Building ☐ Fence ☐ Gas Line ☐ Mailbox ☐ Phone Pedestal ☐ Sign ☐ Utility Pole ☐ Other

Injuries? ☐ Possible Injuries ☐ None

Office of Risk Management | 4200 Surface Road | Columbus, Ohio 43228
Phone 614.466.6761 | FAX 614.466.0427 | Email das.riskmanagement@das.state.oh.us

Bobbi Miller
Claims Manager

Third Party Involved

Role	☐ Owner/Driver ☐ Owner ☐ Driver ☐ Passenger ☐ Witness ☐ Other				
Name					Phone Number
Address			City		State
Zip	Insurance Company			Insurance Company Phone	
Year	Make	Model	Plate Number		Vehicle Drivable?
Vehicle Location					
Primary Vehicle Damages	☐ N/A ☐ None ☐ Center Front ☐ Left Front ☐ Right Front ☐ Right Rear ☐ Center Rear ☐ Undercarriage ☐ Top and Windows ☐ Load/Trailer ☐ Other				
Primary Property Damages	☐ N/A ☐ None ☐ Building ☐ Fence ☐ Gas Line ☐ Mailbox ☐ Phone Pedestal ☐ Sign ☐ Utility Pole ☐ Other				
Injuries?	☐ Possible Injuries ☐ None				

Third Party Involved

Role	☐ Owner/Driver ☐ Owner ☐ Driver ☐ Passenger ☐ Witness ☐ Other				
Name					Phone Number
Address			City		State
Zip	Insurance Company			Insurance Company Phone	
Year	Make	Model	Plate Number		Vehicle Drivable?
Vehicle Location					
Primary Vehicle Damages	☐ N/A ☐ None ☐ Center Front ☐ Left Front ☐ Right Front ☐ Right Rear ☐ Center Rear ☐ Undercarriage ☐ Top and Windows ☐ Load/Trailer ☐ Other				
Primary Property Damages	☐ N/A ☐ None ☐ Building ☐ Fence ☐ Gas Line ☐ Mailbox ☐ Phone Pedestal ☐ Sign ☐ Utility Pole ☐ Other				
Injuries?	☐ Possible Injuries ☐ None				