State of Vermont
Office of Risk Management
109 State Street 3rd Floor.
Montpelier, VT 05609-3100
(802) 522-2179 PHONE - (802) 828-0410 FAX
Sov.riskhelp@vermont.gov

AUTOMOBILE ACCIDENT OR LOSS NOTICE

VERMONT

STATE EMPLOYEE INFORMATION		
Department:	Address:	Phone:
Date/Time of Accident:	Location:	
Make/Model of Vehicle:	Year:	Registration No.:
Driver Name:	Work Address:	Work Phone:

CLAIMANT INFORMATION		
Driver Name:	DOB:	SSN:
Date/Time of Accident:	Location:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
Vehicle Owner:	Work Phone:	Home/Cell Phone:
Address:		
Make/Model of Vehicle:	Year:	Registration No.:
Insurance Carrier:	Phone:	Policy No.:

INJURED PARTIES		
Name:	Address:	
Home Phone:	Work Phone:	Cell Phone:
Taken to Hospital From Scene: Yes ☐ No ☐	What Hospital:	
Was Follow-up Treatment Required: Yes ☐ No ☐	Name/Address of Care Provider:	
Brief Description of Injuries Sustained:		
Name:	Address:	
Home Phone:	Work Phone:	Cell Phone:
Taken to Hospital From Scene: Yes ☐ No ☐	What Hospital:	
Was Follow-up Treatment Required: Yes ☐ No ☐	Name/Address of Care Provider:	
Brief Description of Injuries Sustained:		

WITNESSES
Name/Address/Phone:
Name/Address/Phone:

INCIDENT DESCRIPTION (Please continue on separate sheet if needed.)

What Drivers Intended To Do: (Check one for each driver)

Driver 1	Driver 2	Driver 3		Driver 1	Driver 2	Driver 3	
☐	☐	☐	Go straight Ahead	☐	☐	☐	Start in Traffic
☐	☐	☐	Overtake and Pass	☐	☐	☐	Start from Parked Position
☐	☐	☐	Make Right Turn	☐	☐	☐	Back-up
☐	☐	☐	Make Left Turn	☐	☐	☐	Remain Stopped in Traffic
☐	☐	☐	Make U Turn	☐	☐	☐	Remain Parked
☐	☐	☐	Make Right Turn	☐	☐	☐	Get Out of Parked or Stopped Vehicle

Direction of Travel/Side of Street:	Lights On: Yes ☐ No ☐	Signal Given: Yes ☐ No ☐
Weather at Time of Accident:	Condition of Road:	
Were The Police Notified: Yes ☐ No ☐	City/Town:	Police Report No.:

Drivers Description of Accident or Loss (PLEASE USE PAGE 2 IF NEEDED)

Preparer:	Date:

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SUBMIT