

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: riskmanagement@DOAS.ga.gov, along with your accident claim.

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

Accident Information

Est. Crash Time	Total # of Vehicles Involved in the Accident		County	Date of Accident
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Road of Occurrence _____ At Its Intersection With _____

Not At Its Intersection But: _____

Miles North East
 Feet South West Of: _____

Was this a Hit AND Run accident: Yes No

Weather Conditions Rain Snow Road Surface Wet Dry
 Clear Fog

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

Driver Information

Unit #1	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bike/Motorcycle	<input type="checkbox"/> Suspect at Fault	Unit #2	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <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			

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.

Vehicle Information

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

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.

Driver Information

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