

# QUARTERLY AGENCY STATE VEHICLE ACCIDENT SUMMARY REPORT

Quarter: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency No. (if known): \_\_\_\_\_

Date: \_\_\_\_\_

No. of Owned/Leased vehicles in Agency Fleet \_\_\_\_\_

Number of Miles Driven in State Vehicles during Quarter \_\_\_\_\_

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<b>Accident No*.</b>	<b>County No.</b>	<b>Route No.</b>	<b>Date</b>	<b>Day</b>	<b>Time</b>	<b>Persons injured or killed</b>
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<b>Vehicle Year</b>	<b>Tag Number</b>	<b>Damage Severity</b>	<b>DL Number</b>	<b>Date of Birth</b>	<b>At Fault**:</b>	<b>MVI***:</b>
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\* Accident no. is assigned by Agency.

\*\* Either State Driver or Other Driver, as determined by Agency Accident Review Board or investigating police.

\*\*\* Moving Violation Indicated (see Code Sheet).