AUTOMOBILE ACCIDENT OR LOSS NOTICE

FOR COMMONWEALTH OWNED VEHICLES

THIS NOTICE SHALL BE PREPARED BY THE OPERATOR OF THE COMMONWEALTH OWNED VEHICLE AND SUBMITTED TO THE BUREAU OF RISK AND INSURANCE MANAGEMENT, DEPARTMENT OF GENERAL SERVICES, ROOM 502, NORTH OFFICE BLDG., HARRISBURG, PA., 17125, WITHIN 24 HOURS AFTER ACCIDENT, THEFT, OR LOSS IN ACCORDANCE WITH MANAGEMENT DIRECTIVE 615.2, PREPARATION AND SUBMISSION OF FORM OA – 541. NOTE: SUBMIT ORIGINAL ONLY. FILING THIS NOTICE DOES NOT RELIEVE THE OPERATOR OF RESPONSIBILITY TO FILE ANY OTHER ACCIDENT FORM AS MAY BE REQUIRED BY THE PENNSYLVANIA VEHICLE CODE. DATE OF ACCIDENT TIME OF DAY YEAR MAKE MODEL SERIAL HO. EQUIPMENT NO REGISTRATION NO. COMMONWEALTH INFORMATION OA-640 REQUEST NO DATE DISPATCHED IF VEHICLE IS A FLEET VEHICLE DISPATCHED FROM THE COMMONWEALTH SARAGE, COMPLETE THIS LINE THIS SPACE FOR INSURANCE USE ONLY ASSIGNED TO (GIVE NAME OF DEPARTMENT, BOARD OR COMMISSION AND BUREAU.) FAULT OF VEHICLE NO. OPERATOR'S NAME OPERATOR'S NAME ADDRESS (GIVE STREET & NUMBER) ADDRESS (GIVE STREET NO. & NAME, CITY, STATE) OWNED CITY STATE AGE OPERATOR'S TELEPHONE NO. OPERATOR'S LICENSE NO. AND STATE BUREAU JOB TITLE F (COMMONWEAL OWNER'S NAME OWNER'S TELEPHONE NO. N OME PHONE NO. DEFENSIVE DRIVER'S NO. OPERATOR'S LICENSE NO. ADDRESS (GIVE STREET NO. & NAME, CITY, STATE) VEHICLE PURPOSE FOR USING THE CAR AT THE TIME OF THE ACCIDENT VEHICLE NO. 1 VENICLE LICENSE NO. & STATE YEAR & MAKE OF VEHICLE DESCRIBE DAMAGE TO COMMONWEALTH VEHICLE OR PACILITIES DESCRIBE DAMAGE TO VEHICLE NO. 2 ESTIMATED COST OF REPAIRS NAME & ADDRESS OF INSURANCE CO. AND NAME & ADDRESS OF INSURANCE CO. POLICY NO. ESTIMATED COST OF REPAIRS \$ INSURANCE CARRIER ACCIDENT OCCURRED AT: If accident involves more than two vehicles, use additional OA-541. ACCIDENT BURAL OWNER OF PROPERTY TELEPHONE NUMBER CITY OR TOWN -DAMAGE TO PROPERTY OTHE THAN AUTOMOBIL STREET NAME -ADDRESS COUNTY -9 LIST DAMAGE HORTH LOCATION SOUTH MILES EAST CITY OR TOWN (INDICATE MILEAGE TO CITY LIMITS) ESTIMATE COST OF DAMAGE PASSENGER ERSONS INJURED OR KILLED. EDES TELEPHONE EXTENT OF INJURIES YOUR OTHER NAME ADDRESS AĢE TRIAN IF CITATION ISSUED, TO WHOM AND WHY? WAS ACCIDENT REPORTED TO POLICE? WERE WARNING SIGNS IN PLACE? FLAGMANT YES YES IF YES, TO WHOM? IF YES, WHERE? TELEPHONE NUMBER ADDRES NAME TNESSES PLEASE REVIEW FORM TO INSURE THAT ALL NECESSARY DATA HAS BEEN PROVIDED. SIGNATURE OF VEHICLE OPERATOR OR SUPERVISOR SIGNATURE OF AUTOMOTIVE OFFICER DATE

WEATHER		нт					
(CHECK ONE)	(CHEC	(ONE)	TYPE ROAI		CONDITION (CHECK ONE)	CHARACTER (CHECK ONE)	CONDITION OF VEHICLES (CHECK ONE)
CLEAR	DAYLIGHT		CONCRETE		T DRY	STRAIGHT ROAD	VEHICLE
CLOUBY	A SEMI-DARKH	t sa	BRICK		WET .	BHARP CURVE	1 2 3
RAINING SHOWING	DARKHESS		ASPHALT		MUDBY	OTHER CURVE	DEFECTIVE BRAKES
FOG	SPECIFY)	LIGHT	DIRT		ahowy	(CHECK ONE)	DEPECTIVE STEERING
OTHER (SPECIFY)			OTHER (SPECI	PY)	ш	LEVEL ROAD	IMPROPER LIGHTS
					NO. LANES AT ACCIDENT SITE	HILL CREST	OTHER DEFECTS
		 -	<u> </u>			GRADE	
DRIVER ACT (CHECK INTENT OF E	ACH DRIVER)		HICLE STRUCK FOR EACH CAR}	ı	CONDITION OF		TYPE OF ACCIDENT
	VEHICLE 1 2 3		APPARENTLY NORMAL			COLLISION	
YEHICLE 1 2 3			FRONT	OBVIOUSLY DRUNK			HEAD ON COLLIBION
GOING STRAIGHT AHEAD		RIGHT FRONT		HAD BEEN DRINKING			REAR END COLLISION
MAKING RIGHT TURN		LEFT FRONT		PHYSICAL DEFECTS			AT ANGLE COLLISION
MAKING LEFT TURN		RIGHT SIDE		OTHER (SPECIFY)			
MAKING U TURN		LEFT SIDE					NON-COLLISION HAN OFF CURVE
🔲 🔲 📋 SLOWING DOWN - STOPPING		A REAR		PEDESTRIAN ACTION (X INDICATES INTERSECTION)		BAN OFF STRAIGHT ROAD	
OVERTAKING - PASSING		RIGHT REAR		CROSSING AT X WITH SIGNAL		OVERTURNED IN ROADWAY	
FORWARD FR	☐ ☐ ☐ LEFT REAR		CROSSING AT X AGAINST SIGNAL		TRAFFIC CONTROL		
BACKWARD F	SPACE TOM PARKING			CROSSING AT X NO SIGNAL			, water to see a see
OTHER BACKS			CROSSING AT X DIAGONALLY		R. R. CROSSING GATE		
STOPPED IN			CROSSING NOT AT X COMING FROM BEHIND PARKED CAR				
D PARKED			CROSSING NOT AT X NOT COMING FROM BEHIND PARKED CAR CAR				
IF STATE VEHICLE IS EQU	ESTIMATED SPEED OF VEHICLES		PLAYING IN ROADWAY			STOP - GO LIGHT	
SEAT BELTS, WERE THEY	l		WORKING IN ROADWAY			STOP SIGN OR SIGNAL	
YES	NO	VEHICLE NO. 1		☐ WAG	KING IN ROAD WITH TRA	AFFIC	WARNING SIGN OR SIGNAL
		VEHICLE NO. 2		=	KING IN ROAD AGAINST	TRAFFIC	OTHER
		1		=	CHING ON VEHICLE		NO CONTROL PRESENT
VEHICLE NO. 3			·	oth			-
GIVE BRIEF AND CLEAR ACCOUNT OF ACCIDENT.							
COMPLETE THE FOLLOWING	DIAGRAM SHOW	NG DIRECTION A	ND POSITIONS OF	VEHICLES	INVOLVED, DESIGNATIN	G CLEARLY POINT OF CONT	ACT,
Instructions: 1. Your vehicle should be designated as #1							
2. Other vehicle(s) should be designated as #2, etc. 3. Use solid line to show path of vehicle before accident 4. Use dotted line after accident ———— 5. Number each vehicle & show direction of travel 6. Show stop sign by S 7. Show pedestrian by O 8. Show railroad by +++++++++++++++++++++++++++++++++++							