

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.

INSURANCE CARRIER FILE NO. (INSURANCE USE ONLY)

DATE OF ACCIDENT

DAY OF THE WEEK

TIME OF DAY

A.M.

P.M.

COMMONWEALTH
VEHICLE
INFORMATION

YEAR

MAKE

MODEL

SERIAL NO.

EQUIPMENT NO.

REGISTRATION NO.

IF VEHICLE IS A FLEET VEHICLE DISPATCHED
FROM THE COMMONWEALTH GARAGE, COMPLETE
THIS LINE

OA-540 REQUEST NO.

DATE DISPATCHED

THIS SPACE FOR
INSURANCE USE ONLY

ASSIGNED TO (GIVE NAME OF DEPARTMENT, BOARD OR COMMISSION AND BUREAU.)

FAULT OF
VEHICLE NO.

VEHICLE NO. 1 (COMMONWEALTH OWNED)

OPERATOR'S NAME

ADDRESS (GIVE STREET & NUMBER)

CITY

STATE

AGE

BUREAU

JOB TITLE

DEFENSIVE DRIVER'S NO.

OPERATOR'S LICENSE NO.

HOME PHONE NO.

PURPOSE FOR USING THE CAR AT THE TIME OF THE ACCIDENT

DESCRIBE DAMAGE TO COMMONWEALTH VEHICLE OR FACILITIES

ESTIMATED COST OF REPAIRS \$

INSURANCE CARRIER

POLICY NO.

VEHICLE NO. 2

OPERATOR'S NAME

ADDRESS (GIVE STREET NO. & NAME, CITY, STATE)

OPERATOR'S LICENSE NO. AND STATE

OPERATOR'S TELEPHONE NO.

OWNER'S NAME

OWNER'S TELEPHONE NO.

ADDRESS (GIVE STREET NO. & NAME, CITY, STATE)

VEHICLE LICENSE NO. &
STATE

YEAR & MAKE OF VEHICLE

TYPE OF VEHICLE

DESCRIBE DAMAGE TO VEHICLE NO. 2

ESTIMATED COST OF REPAIRS \$

NAME & ADDRESS OF INSURANCE CO. AND
POLICY NO.NAME & ADDRESS OF INSURANCE CO.
AGENT, IF ANY

LOCATION OF ACCIDENT

ACCIDENT OCCURRED AT:

CITY OR TOWN -

STREET NAME -

COUNTY -

RURAL AREA:

☐ NORTH
☐ SOUTH
☐ EAST
☐ WEST

MILES

OF

CITY OR TOWN

(INDICATE MILEAGE TO CITY LIMITS)

RURAL

If accident involves more than two vehicles, use additional OA-541.

OWNER OF PROPERTY

TELEPHONE NUMBER

ADDRESS

LIST DAMAGE

ESTIMATE COST OF DAMAGE

DAMAGE TO
PROPERTY OTHER
THAN AUTOMOBILEPERSONS INJURED
OR KILLED

NAME

ADDRESS

TELEPHONE
NO.

AGE

PASSENGER

YOUR
CAR
(✓)OTHER
CAR
(✓)PEDES-
TRIAN
(✓)

EXTENT OF INJURIES

WAS ACCIDENT REPORTED TO POLICE?

☐ YES ☐ NO

WERE WARNING SIGNS IN PLACE?

☐ YES ☐ NO

IF FLAGMAN?

☐ YES☐ NO

IF CITATION ISSUED, TO WHOM AND WHY?

IF YES, TO WHOM?

IF YES, WHERE?

NAME

ADDRESS

TELEPHONE NUMBER

WITNESSES

PLEASE REVIEW FORM TO INSURE THAT ALL NECESSARY DATA HAS BEEN PROVIDED.

SIGNATURE OF VEHICLE OPERATOR OR SUPERVISOR

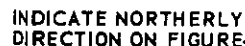
DATE

SIGNATURE OF AUTOMOTIVE OFFICER

DATE

GIVE BRIEF AND CLEAR ACCOUNT OF ACCIDENT

COMPLETE THE FOLLOWING DIAGRAM SHOWING DIRECTION AND POSITIONS OF VEHICLES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT.



Remarks, Statements, Third Vehicle - Attach additional sheets for drawings, other statements, etc. as is necessary.