

## 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 VEHICLE MANAGEMENT - CLAIMS DIVISION, BY E-MAILING TO: <a href="mailto:ra-gsbvnmclaimsdiv@pa.gov">ra-gsbvnmclaimsdiv@pa.gov</a> , WITHIN ONE BUSINESS DAY AFTER ACCIDENT, THEFT, OR LOSS IN ACCORDANCE WITH MANAGEMENT MANUAL 615.3, COMMONWEALTH FLEET PROCEDURES MANUAL.										INSURANCE CARRIER FILE NO.(INSURANCE USE ONLY)			
DATE OF ACCIDENT			DAY OF WEEK			TIME OF DAY			SHIFT STARTING TIME <b>AM</b> <b>PM</b>				
COMMONWEALTH VEHICLE INFORMATION		YEAR	MAKE	MODEL	SERIAL NO.		EQUIPMENT NO.		REGISTRATION NO.				
IF THE VEHICLE IS A FLEET VEHICLE DISPATCHED FROM THE COMMONWEALTH GARAGE, COMPLETE THIS LINE ---->			STD-540 REQUEST NO.			DATE DISPATCHED			<b>THIS SPACE FOR INSURANCE USE ONLY</b> FAULT OF VEHICLE NO.				
ASSIGNED TO (GIVE NAME OF DEPARTMENT, BOARD, OR COMMISSION, AND BUREAU)													
<b>VEHICLE NO. 1 (COMMONWEALTH OWNED)</b>						<b>VEHICLE NO. 2</b>							
OPERATOR'S NAME					YEARS SERVICE	OPERATOR'S NAME							
ADDRESS (GIVE STREET & NUMBER)						ADDRESS (GIVE STREET & NUMBER)							
CITY			STATE	AGE		SEX							
BUREAU			JOB TITLE		JOB CLASS CODE		OPERATOR'S LICENSE NO. AND STATE			OPERATOR'S TELEPHONE NO.			
DEFENSIVE DRIVER'S NO.		OPERATOR'S LICENSE NO.		WORK PHONE NO.		OWNER'S NAME			OWNER'S TELEPHONE NO.				
PURPOSE FOR USING THE CAR AT THE TIME OF THE ACCIDENT				EMPLOYEE ACTIVITY CODE		ADDRESS (GIVE STREET NO. & NAME, CITY, STATE)							
DESCRIBE DAMAGE TO COMMONWEALTH VEHICLE OR FACILITIES				INSURANCE CARRIER		VEHICLE LICENSE NO. & STATE		YEAR & MAKE OF VEHICLE		TYPE OF VEHICLE			
				POLICY NO.		DESCRIBE DAMAGE TO VEHICLE NO. 2							
				ESTIMATED COST OF REPAIR \$						NAME & ADDRESS OF INSURANCE CO. AND POLICY NO.		NAME & ADDRESS OF INSURANCE AGENT, IF ANY	
				ESTIMATED COST OF REPAIR \$									
LOCATION OF ACCIDENT	ACCIDENT OCCURRED AT: TOWNSHIP OR BOROUGH					DAMAGE TO PROPERTY OTHER THAN AUTOMOBILE	OWNER OF PROPERTY				TEL. NO.		
	CITY OR TOWN:		SR:				ADDRESS						
	STREET NAME:		SEGMENT:				LIST DAMAGE						
	COUNTY:		OFFSET:										
RURAL AREA:		MILES			ESTIMATE COST OF DAMAGE \$								
NORTH													
SOUTH													
EAST													
WEST													
OF		(CITY OR TOWN)											
		INDICATE MILEAGE TO CITY LIMITS											
PERSONS INJURED OR KILLED	NAME		ADDRESS			TELEPHONE NUMBER	AGE	YOUR CAR	OTHER CAR	PEDESTRIAN	EXTENT OF INJURIES		

WAS INCIDENT REPORTED TO POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, TO WHOM?  INCIDENT #	WERE WARNING SIGNS IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, WHERE?	FLAGMAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF CITATION WAS ISSUED, TO WHOM AND WHY?   OPERATION WAS: <input type="checkbox"/> MOVING <input type="checkbox"/> STATIONARY
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WITNESSES	NAME	ADDRESS	TELEPHONE NUMBER

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

SIGNATURE OF VEHICLE OPERATOR	DATE	SIGNATURE OF AUTOMOTIVE OFFICER	DATE
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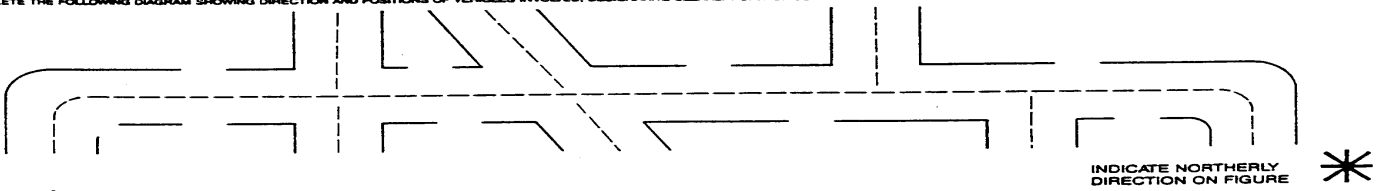
WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (SPECIFY)	LIGHT <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> SEMI-DARKNESS <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL LIGHT (SPECIFY)	TYPE ROAD <input type="checkbox"/> CONCRETE <input type="checkbox"/> BRICK <input type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER (SPECIFY)	CONDITION <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> MUDDY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY  NO. OF LANES AT ACCIDENT SITE	CHARACTER <input type="checkbox"/> STRAIGHT ROAD <input type="checkbox"/> SHARP CURVE <input type="checkbox"/> OTHER CURVE  <input type="checkbox"/> LEVEL ROAD <input type="checkbox"/> HILL CREST <input type="checkbox"/> GRADE	CONDITION OF VEHICLES VEHICLE 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO DEFECTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE BRAKES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE STEERING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IMPROPER LIGHTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER DEFECTS
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DRIVER ACTION VEHICLE 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GOING STRAIGHT AHEAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING RIGHT TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING LEFT TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING U TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SLOWING DOWN -- STOPPING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OVERTAKING -- PASSING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FORWARD FROM PARKING SPACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BACKING FROM PARKING SPACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER BACKING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STOPPED IN TRAFFIC LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PARKING	PART OF VEHICLE STRUCK VEHICLE 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT SIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEFT REAR	CONDITION OF PEDESTRIAN <input type="checkbox"/> APPARENTLY NORMAL <input type="checkbox"/> OBVIOUSLY DRUNK <input type="checkbox"/> HAD BEEN DRINKING <input type="checkbox"/> PHYSICAL DEFECTS <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF ACCIDENT COLLISION <input type="checkbox"/> HEAD ON COLLISION <input type="checkbox"/> REAR END COLLISION <input type="checkbox"/> SIDE SWIPE COLLISION <input type="checkbox"/> AT ANGLE COLLISION  NON-COLLISION <input type="checkbox"/> RAN OFF CURVE <input type="checkbox"/> RAN OFF STRAIGHT ROAD <input type="checkbox"/> OVERTURNED IN ROADWAY
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IF STATE VEHICLE WAS EQUIPPED WITH SEAT BELTS, WERE THEY FASTENED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED SPEED OF VEHICLES  VEHICLE. NO. 1  VEHICLE. NO. 2  VEHICLE. NO. 3	PEDESTRIAN ACTION (X INDICATES INTERSECTION) <input type="checkbox"/> CROSSING AT X WITH SIGNAL <input type="checkbox"/> CROSSING AT X AGAINST SIGNAL <input type="checkbox"/> CROSSING AT X NO SIGNAL <input type="checkbox"/> CROSSING AT X DIAGONALLY <input type="checkbox"/> CROSSING NOT AT X COMING FROM BEHIND PARKED CAR <input type="checkbox"/> CROSSING NOT AT X NOT COMING FROM BEHIND PARKED CAR <input type="checkbox"/> GETTING ON OR OFF VEHICLE  <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WALKING IN ROAD WITH TRAFFIC <input type="checkbox"/> WALKING IN ROAD AGAINST TRAFFIC <input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> OTHER	TRAFFIC CONTROL <input type="checkbox"/> R.R. CROSSING GATE <input type="checkbox"/> R.R. AUTOMATIC SIGNAL <input type="checkbox"/> OFFICER OR WATCHMAN <input type="checkbox"/> STOP -- GO LIGHT <input type="checkbox"/> STOP SIGN OR SIGNAL <input type="checkbox"/> WARNING SIGN OR SIGNAL <input type="checkbox"/> OTHER <input type="checkbox"/> NO CONTROL PRESENT
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GIVE A BRIEF AND CLEAR DESCRIPTION OF ACCIDENT

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



**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 "++++"
9. Show yield sign by "▽"
10. Show curve by "⊞"
11. Show traffic signal by "⊞"

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