



RM1 State Vehicle Accident & Incident Form

This form is to be filled out by all State employees involved in any type of incident or accident, regardless of whether it is a pool or assigned State vehicle, a rental vehicle, a vehicle on loan to or authorized for use by a State agency from another government or private entity, or when employees are using their personal automobile for official State business.*

- I am filling out this form as the State driver involved in the reported incident-accident and/or as the one assigned to the vehicle in question.
- I am the supervisor or management personnel of the department where the State driver works or the subject vehicle is assigned to, and am filling out this form due the State driver's unavailability.
- I am the State employee assigned to the State Vehicle and/or the supervisor/management personnel of the Department where the vehicle is assigned to and am filling out this form on behalf of a **Non-State Employee Driver of a State Vehicle**.

Confirm State issued Email*

If you do not have a State-issued account, please enter a personal email

Employee State issued Email *

JoeyT.smith@treas.nj.gov

Confirm State issued Email *

JoeyT.smith@treas.nj.gov

Incident Date *

03/02/2021



Day of Week: Tuesday

Time

12:04 PM



State Vehicle Information

Make of Vehicle *

ford

Model *

Escort

Production Year *

2021

If the Plate number provided does not begin with an "SG", "SP", "TP" or "TD", please select one from a drop down box:

Confidential Plate *

License Plate Number *

M23563

Enter corresponding SG plate *

SG45678

Collision or Non-Collision Incident? (Select all that Apply)*

Collision Incident Non-Collision Incident

Parked State Vehicle

Unoccupied State Vehicle

Incident Type*

Animal Strike

Collision with Debris or Non-Fixed Object

Collision with Fixed Object

Pothole

Collision with Pedestrian/Pedal cyclist

Collision with Other Vehicle

NEXT

RM1- Collision Incident First Page with Collision with Other Vehicle:



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Collision with Other Vehicle

Details of Collision with Other Vehicle*

State Vehicle rear-ended other vehicle

Other Vehicle rear-ended State Vehicle

State Vehicle backed up into other vehicle

Other vehicle backed up into State Vehicle

State vehicle failed to obey traffic signal

Other vehicle failed to obey traffic signal

State vehicle made a left turn in front of other vehicle

Other vehicle made a left turn in front of State Vehicle

Other type of collision

NEXT



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of Vehicles *

2

Killed *

0

Injured *

0

Police Dept

Trenton Police Dept.

Police Report Filed*

Yes No

Incident Location

City or Town *

Trenton

Route # or Name of Street *

Warren

County *

Mercer

Intersecting Street, Road, or Railroad

Front St.

Environmental Conditions*

Rain *

Wet *

Daylight

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Was Citation Issued?*

Yes No

State Driver or Employee assigned to the vehicle

First Name *
Joey

Last Name *
Smith

Phone Number *
(609) 123-5544

Home Street

City

State
2 letters abbreviation for state

Zip

DOB *
02/01/2021

Driver's License Information

License Number *
12355566688

License State *
NJ
2 letters abbreviation for state

Treasury *

Division
Risk Management

Institution, Facility or University
N/A

Primary Work Location

Street *
20 West State St

City *
Trenton

State *
NJ
2 letters abbreviation for state

Zip *
08625

Type of State Vehicle

Compact

Was a State Department Sponsored Defensive Driving Course Completed within the last 36 months?*

Yes
 No

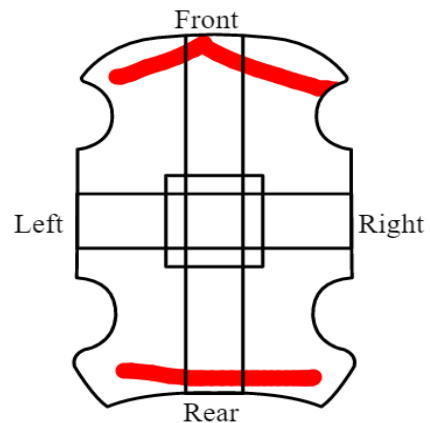
Online or classroom setting course sponsored by the Employee's department

Statewide LMS online course offered through CSC-CLIP e-learning

Date Completed
12/08/2020

Current Accident-Related Damage to State Vehicle

Use mouse to mark area of damage on the diagram



Draw Erase

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Other Driver Information #1

Insurance Company	Allstate	Policy Number	123568978		
First Name	John	Last Name	Cooper	Phone	
DOB	03/02/2021	Driver's License Number	12356899444	State	
<small>2 letters abbreviation for state</small>					

Address

Street	City	State	Zip
<small>2 letters abbreviation for state</small>			

Vehicle Owner Information

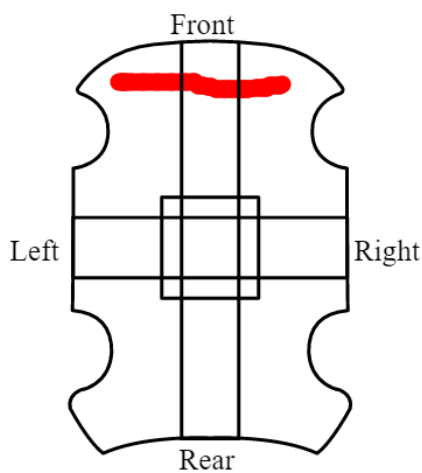
Owner is the same as driver

Vehicle Information

Make of Vehicle	Nissan	Vehicle Model	Sentra	Production Year	
License Plate Number	C23MME	State	NJ	<small>2 letters abbreviation for state</small>	

Damage Schema

Use mouse to mark area of damage on the diagram



Draw Erase

[Remove Vehicle Information](#)

ADD OTHER VEHICLE

ADD DAMAGED PROPERTY

ADD PEDESTRIAN / PEDAL CYCLIST

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RM1- Collision Incident Fifth Page with Damage Property:

Damaged Property Information #1

Property Type:*

Business Residential Roadway/Highway Government facility/building

Street City State Zip
Front Street Trenton NJ 08625
2 letters abbreviation for state

Known owner of damaged property

Detailed Damage Description:

Fence Wall Road signs or guardrails Utility Poles
 Street Lightning Poles Traffic Signal Poles Other

Detailed Description:

Description
State Vehicle knocked down Traffic Signal poles from the base, after being pushed into same by other vehicle.

[Remove Property Information](#)



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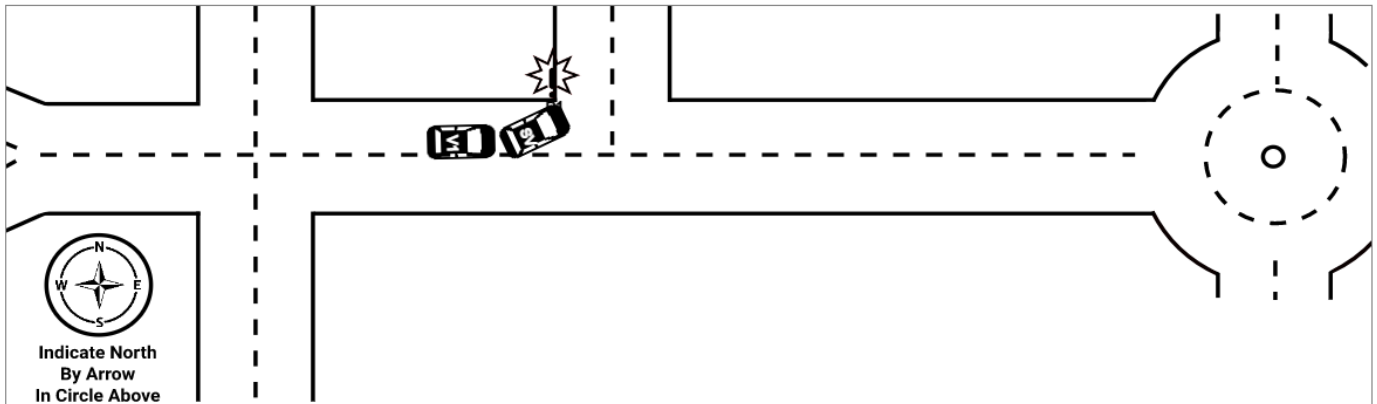
Incident Diagram

Drag objects into diagram scheme.

Use double click on objects to activate rotation controls, also rotate compass image to indicate North.

State Vehicle	Other Vehicle 1	Property Damage 1
SV	V1	

RESET



Incident Description

Description *

Other Vehicle rear ended my State Vehicle and pushed me into the base of the traffic light pole at the intersection.

ADD INJURED PARTY

ADD WITNESS

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RM1 State Vehicle Accident & Incident Form

Document Upload

Photos

[Click to attach files...\(Max File Size: 2GB\)](#)

Submit Police Report

Submit Estimate, Invoice or Work Order for State Vehicle

Note: Do not upload any estimate or invoice if the subject vehicle was or is being serviced/repared at Treasury's Bureau of Transportation Services, f/k/a Central Motor Pool. Transportation Services personnel are responsible for uploading the estimate and invoice directly onto the system.

If the State Vehicle did not sustain damage which required repairs, you must indicate so on the "Submit Estimate, Invoice & Work Order" section.

Internal Agency Incident or investigation report

[Click to attach files...\(Max File Size: 2GB\)](#)


Letters - Lawyer & Insurance co.

[Click to attach files...\(Max File Size: 2GB\)](#)

Other

[Click to attach files...\(Max File Size: 2GB\)](#)

Employee Signature*



State Employee: peter Tester Date: 07/08/2021

ERASE

Supervisor Information*

Supervisor First Name *	Supervisor Last Name *
Joe	Tester
Supervisor State issued Email *	Confirm Supervisor State issued Email *
joe.teser@treas.nj.gov	joe.tester@treas.nj.gov

⚠ Emails must match

I'm not a robot



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SUBMIT



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Form is completed. Your supervisor will receive an email with a link to the form for his/her review and approval, which he/she will forward to the fleet vehicle coordinator. It is imperative that you secure and upload a copy of the police report, if one was filed, as soon as possible as called for in the State Vehicular Use and Assignment Policy. Please check your email in a few minutes.