

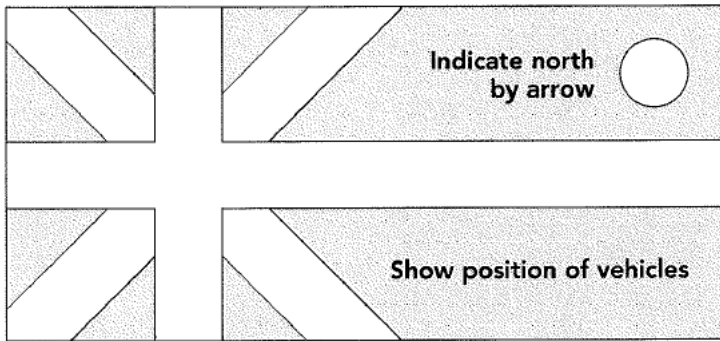


Vehicle Accident Report

Complete this form during the accident investigation on scene. Provide a copy to the physical plant and campus safety no later than 24 hours after the accident.

Accident Details:

Date: _____ Time: _____ Location: _____
Driver: _____ Speed: _____ Driver Phone #: _____
License Plate # _____



Comments (include description of damage to vehicle, weather, traffic or road conditions):

Were there passengers in any involved vehicles? Yes No (if yes, complete passenger information page)

Were there witnesses? Yes No (if yes, complete witness page)

Police Information:

Officer Name: _____ Badge #: _____
Station: _____ Report #: _____

Property Damage:

Was there any property damaged outside of vehicle damage? Yes No (if no, skip to vehicle information)

Property Owner: _____ Owner Contact #: _____

Street: _____ City: _____ Zip: _____

Description of Damage: _____

Vehicle Damage:

Were other vehicles involved in the accident? Yes No (if yes, see reverse to provide vehicle and insurance information)

Vehicle Location (complete if vehicle was towed):

Towing Company: _____ Driver: _____

Phone Number: _____ Street: _____ City: _____ Zip: _____

Vehicle 1:

Driver Name: _____ Contact # : _____

Owner (if different from driver): _____ Owner Contact #: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State: _____

Insurance Provider: _____ Agent Name: _____

Policy # : _____ Expir. Date: _____

Observable Injury? Yes No Injury: _____

*Consider ID protection. Obtain if ownership/insurance documentation is **not provided**.*

Street: _____ City: _____ State: _____

Drivers License #: _____

Vehicle 2:

Driver Name: _____ Contact # : _____

Owner (if different from driver): _____ Owner Contact #: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State: _____

Insurance Provider: _____ Agent Name: _____

Policy # : _____ Expir. Date: _____

Observable Injury? Yes No Injury: _____

*Consider ID protection. Obtain if ownership/insurance documentation is **not provided**.*

Street: _____ City: _____ State: _____

Drivers License #: _____

Vehicle 3:

Driver Name: _____ Contact # : _____

Owner (if different from driver): _____ Owner Contact #: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State: _____

Insurance Provider: _____ Agent Name: _____

Policy # : _____ Expir. Date: _____

Observable Injury? Yes No Injury: _____

*Consider ID protection. Obtain if ownership/insurance documentation is **not provided**.*

Street: _____ City: _____ State: _____

Drivers License #: _____