University Vehicle Accident Report

Report ALL accidents immediately. Call 911 for emergencies. Notify Campus Security at (903) 927-3310.

Accident Information

Date of Accident *

(MM/DD/YYYY)

Time of Accident *

Location (Street/City/State) *

Describe how accident occurred *

University Vehicle Information

Vehicle Number

License Plate

Year/Make/Model

Odometer

Describe damage to university vehicle

Driver Information

Driver Name

Employee ID

Department

Driver's License Number

Phone

Other Vehicle/Party Information

Other Driver Name

Phone

Address

Driver's License Number

Vehicle Year/Make/Model

License Plate

Insurance Company

Policy Number

Describe damage to other vehicle

Injuries

Were there any injuries?

No

Yes (describe below)

Describe injuries and persons injured

Witnesses

Witness 1 Name & Phone

Witness 2 Name & Phone

Police Report

Was police report filed?

Yes

No

Police Report Number

Responding Agency

Driver Statement

I certify this report is true and accurate to the best of my knowledge *

Driver Signature

_____   Date: _____

Sign above

Administrative Review

Supervisor

_____   Date: _____

Sign above

Fleet Manager

_____   Date: _____

Sign above

Risk Management

_____   Date: _____

Sign above

Campus Security

_____   Date: _____

Sign above