**Vehicle Accident Report**

To be used by all state agencies to make immediate report of all motor vehicle accidents involving state employees, vehicles, equipment or where highways could result in claim against state. For reports of non-motor vehicle accidents and occurrence that could result in a claim being filed against the state use state claims board’s “injury or damage report, non-vehicle.” This report is not a substitute for motor vehicle department’s required “motor vehicle accident report” and this report is not a substitute for worker’s compensation court’s required “first report of alleged accident.”

**Time**
- Date of Accident: _____/_____/_______  Day of Week: __________________  Hour: _____:_____ AM / PM

**Location**
- Road on which accident occurred: ____________________________________________________________
- At its intersection with: ____________________________________________________________
- If not at intersection: _______ feet N / S / E / W, of ____________________________________________
- County: _____________________  City, town, or township: ______________________  State: _________
- Or, distance from nearest town: ___________ miles N / S / E / W

**Vehicle #1 - University Equipment # ________**
- **Year**
- **Make**
- **Type (Sedan, Truck)**
- **License Plate:**
- **Year**
- **State**
- **Plate Number**
- **Driver’s Full Name:**
- **Department:**
- **Age:**
- **Male / Female**
- **License:**
- **Parts of Vehicle Damaged:**
  - ____________________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________
- **Estimated Damages:** $________________________

**Vehicle #2 - Not applicable? [ ]  Equip # ________**
- **Year**
- **Make**
- **Type (Sedan, Truck)**
- **License Plate:**
- **Year**
- **State**
- **Plate Number**
- **Driver’s Full Name:**
- **Age:**
- **Male / Female**
- **License:**
- **Parts of Vehicle Damaged:**
  - ____________________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________
- **Estimated Damages:** $________________

**Property**
- Damage to property other than vehicles: _______________________________________________________
- **Estimated Damages:** $________________
- Name and address of owner of object struck: ___________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________

*Report continues on next page*
DESCRIBE WHAT HAPPENED: Refer to State vehicle as “No.1” others “No.2.” “No. 3” etc. Use the diagram below to visualize the accident, or free hand draw in the section below.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

![Diagram of an intersection with roads labeled and arrows indicating direction.]

<table>
<thead>
<tr>
<th>Did Police Investigate?</th>
<th>Y / N</th>
<th>Insurance for Vehicle #2 Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNLPD</th>
<th>City</th>
<th>Sherriff</th>
<th>State Patrol</th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>INJURED</th>
</tr>
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</table>
| 1. Name:  
Nature of Injury:  
Location taken to:  | 2. Name:  
Nature of Injury:  
Location taken to:  |

<table>
<thead>
<tr>
<th>Name and Address of Witness 1</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address of Witness 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of this Report</th>
<th>Prepared by (Print Name)</th>
<th>Signature</th>
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