**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

### VEHICLES:
- **Vehicle #1- University Equipment # ________**
  - YEAR MAKE TYPE (SEDAN, TRUCK)
  - LICENSE PLATE: YEAR STATE PLATE NUMBER
  - DRIVER’S FULL NAME: ____________________________________________________________
  - AGE: ________ MALE / FEMALE
  - LICENSE: __________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - Estimated Damages: $___________

- **Vehicle #2**
  - Not applicable? □
  - YEAR MAKE TYPE (SEDAN, TRUCK)
  - LICENSE PLATE: YEAR STATE PLATE NUMBER
  - DRIVER’S FULL NAME: ____________________________________________________________
  - AGE: ________ MALE / FEMALE
  - LICENSE: __________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - Parts of Vehicle Damaged: ________________________________________________________
  - 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 intersecting roads]

Intersecting Road

Indicate North by filling in arrow

Street name or Highway Number

______________________________

Free hand draw:

<table>
<thead>
<tr>
<th>Did Police Investigate?</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNLPD</td>
<td>City</td>
</tr>
<tr>
<td>Sherriff</td>
<td>State Patrol</td>
</tr>
</tbody>
</table>

Insurance for Vehicle #2 Owner

Name:

Address:

1. Name:

Nature of Injury:

Location taken to:

2. Name:

Nature of Injury:

Location taken to:

Name and Address of Witness 1

Name:

Address:

Name and Address of Witness 2

Name:

Address:

Date of this Report

Driver Name (Print Name)

Signature