

# VEHICLE ACCIDENT REPORT

DEPARTMENT NAME / ZIP CODE

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."

<b>TIME</b>	Date of Accident: ____/____/____ Day of Week: _____ Hour: ____:____ AM / PM
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<b>LOCATION</b>	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
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<b>VEHICLES: TOTAL INVOLVED</b>	<b>Vehicle #1</b> - University Equipment # _____	<b>Vehicle #2</b> Not applicable? <input type="checkbox"/>																																																																																
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<b>PROPERTY</b>	Damage to property other than vehicles: _____ _____ Estimated Damages: \$ _____ Name and address of owner of object struck: _____ _____
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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.

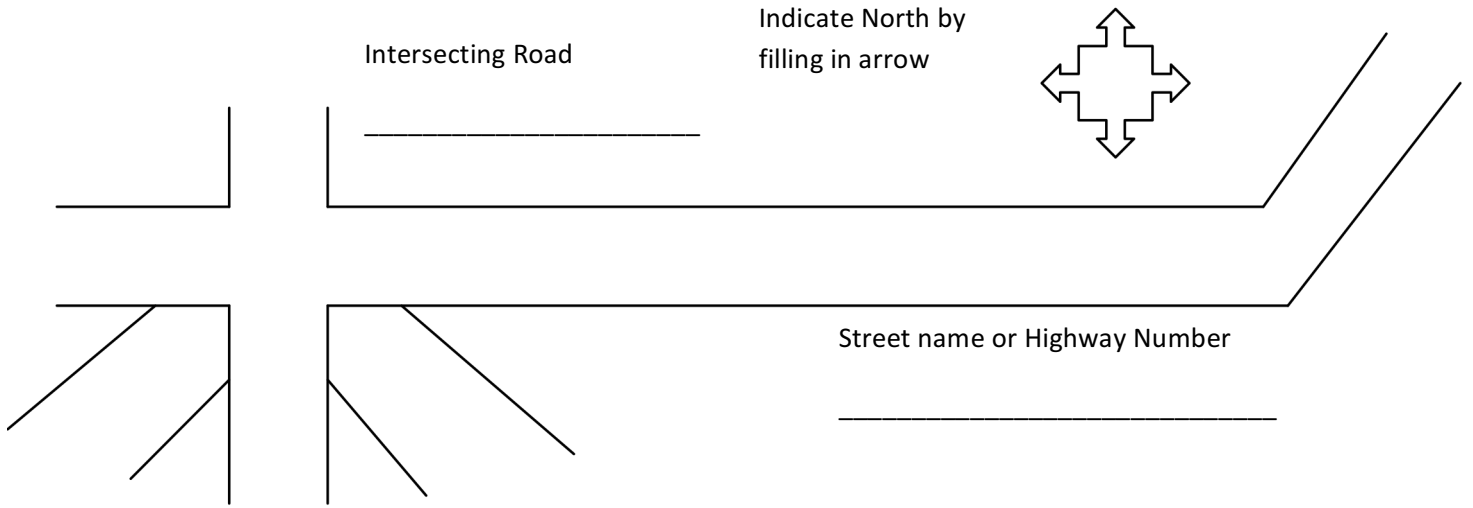
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Free hand draw:

Did Police Investigate?      Y / N If yes, which one? UNLPD      City      Sherriff      State Patrol	Insurance for Vehicle #2 Owner Name: Address:
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INJURED	1. Name:  Nature of Injury:  Location taken to:	2. Name:  Nature of Injury:  Location taken to:
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Name and Address of Witness 1 Name: Address:	Name and Address of Witness 2 Name: Address:
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Date of this Report	Driver Name (Print Name)	Signature
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