

# 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."

<b>TIME</b>	Date of Accident: ____/____/____ Day of Week: _____ Hour: ____:____ AM / PM																			
<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																			
<b>VEHICLES: TOTAL INVOLVED _____</b>	<b>Vehicle #1- University Equipment # _____</b>  <table style="width:100%; border:none;"> <tr> <td style="width:33%;">YEAR</td> <td style="width:33%;">MAKE</td> <td style="width:34%;">TYPE (SEDAN, TRUCK)</td> </tr> <tr> <td colspan="3">LICENSE</td> </tr> <tr> <td>PLATE:</td> <td>YEAR</td> <td>STATE PLATE NUMBER</td> </tr> </table> DRIVER'S FULL NAME: _____  DEPARTMENT: _____  AGE: _____ MALE / FEMALE  LICENSE: _____  Parts of Vehicle Damaged: _____ _____ _____ <b>Estimated Damages: \$ _____</b>	YEAR	MAKE	TYPE (SEDAN, TRUCK)	LICENSE			PLATE:	YEAR	STATE PLATE NUMBER	<b>Vehicle #2 Not applicable? <input type="checkbox"/> Equip # _____</b>  <table style="width:100%; border:none;"> <tr> <td style="width:33%;">YEAR</td> <td style="width:33%;">MAKE</td> <td style="width:34%;">TYPE (SEDAN, TRUCK)</td> </tr> <tr> <td colspan="3">LICENSE</td> </tr> <tr> <td>PLATE:</td> <td>YEAR</td> <td>STATE PLATE NUMBER</td> </tr> </table> DRIVER'S FULL NAME: _____  AGE: _____ MALE / FEMALE  LICENSE: _____  Parts of Vehicle Damaged: _____ _____ <b>Estimated Damages: \$ _____</b>  Owner: _____  Owner's Address: _____ _____ _____	YEAR	MAKE	TYPE (SEDAN, TRUCK)	LICENSE			PLATE:	YEAR	STATE PLATE NUMBER
YEAR	MAKE	TYPE (SEDAN, TRUCK)																		
LICENSE																				
PLATE:	YEAR	STATE PLATE NUMBER																		
YEAR	MAKE	TYPE (SEDAN, TRUCK)																		
LICENSE																				
PLATE:	YEAR	STATE PLATE NUMBER																		
<b>PROPERTY</b>	Damage to property other than vehicles: _____ _____ <b>Estimated Damages: \$ _____</b> Name and address of owner of object struck: _____ _____ _____																			

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.

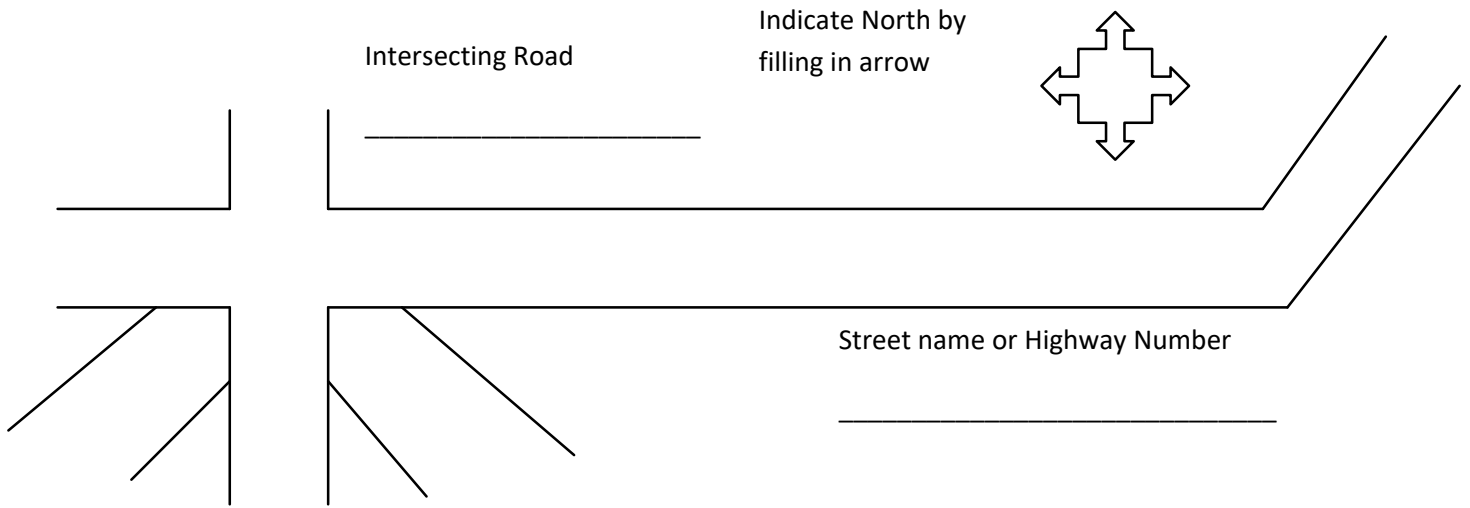
---



---



---



Free hand draw:

Did Police Investigate?      Y / N If yes, which one? UNLPD      City      Sherriff      State Patrol	Insurance for Vehicle #2 Insurance Company: Policy Number:
---	--

INJURED	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	Prepared by (Print Name)	Signature
---------------------	--------------------------	-----------