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.”

Date of Accident: _____/_____/_______  Day of Week: ___________________  Hour: _____:_____  AM / PM

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: ________________________________________________________________
AGE: _______  MALE / FEMALE
LICENSE: _____________________________________________________________
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:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Estimated Damages: $___________________________

Owner: __________________________________________________________
Owner’s Address: __________________________________________________

Damage to property other than vehicles: __________________________________________________
Estimated Damages: $___________________________

Name and address of owner of object struck: __________________________________________________
________________________________________________________
________________________________________________________

REPORT CONTINUES ON NEXT PAGE

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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.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Street name or Highway Number
______________________________

Indicate North by filling in arrow
Intersecting Road

Free hand draw:

Did Police Investigate? Y / N
If yes, which one?
UNLPD City Sherriff State Patrol

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