



**THE UNIVERSITY OF TENNESSEE
DRIVER'S REPORT OF VEHICLE ACCIDENT**

UT VEHICLE NO. _____
State of TN Auto Accident Call
Center Claim # _____

INSTRUCTIONS: Report every accident, damage or theft immediately after occurrence. Forward report immediately to: Your Campus Transportation Services and Office of Risk Management, *5723 Middlebrook Pike, Ste. 218* or fax it to: (865)974-0936 as soon as possible.

BASIC INFORMATION					
Must be completed for all incidents.					
Driver Name:		Date of Birth:	Driver's License #:	Issued State:	Expiration:
Home Address:	Street:	City:		State:	Zip Code:
Department:		Supervisor Name:		Phone Number:	
Campus Address:					
UT Vehicle:	License Plate #:	Vehicle Type:	Year:	Make:	Model:
Parts of UT Vehicle Damaged:					

ACCIDENT	Date of Accident:	Time:	AM/PM	Place of Accident:	
	Street:			City:	State:
	Investigated By (Agency: i.e., UTPD, Local PD, County PD, State PD)		Accident Report # (If Available):		

DAMAGE TO OTHER	Kind and Extent of Property Damage:				
	Vehicle:	Make:	Model:	Year:	
	Driver of Damaged Vehicle:	Date of Birth:	Driver's License #:	Issued State:	Expiration:
	Home Address:	Street:	City:	State:	Zip Code:
	Owner of Damaged Vehicle (If Different From Driver):		Supervisor:		Phone:
	Home Address:	Street:	City:	State:	Zip Code:
	Vehicle Insured: Yes No	Insurance Policy #:	Agent:		Phone:
	Address of Agent:	Street:	City:	State:	Zip Code:
Where can property be seen?:					

Description of how accident happened: _____

Witnesses	Name:	Home Address:
	Name:	Home Address:

FOLLOWING TO BE FILLED OUT BY SUPERVISOR

The purpose of UT vehicle was: _____
 Departmental Account: _____ Employee: _____ Personnel #: _____ is an employee of
 the University of Tennessee and was authorized by _____ to operate the above vehicle.

Were there any special instructions or restrictions? Yes No

If yes, please explain: _____

Additional Documentation Attached? Yes No