



DRIVER'S REPORT OF VEHICLE ACCIDENT

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.

Driver Name, Date of Birth, Driver's License #, Issued State, Expiration, Home Address, Street, City, State, Zip Code, Department, Supervisor, Phone, Campus Address, UT Vehicle, License #, Vehicle Type, Make, Model, Year, Parts of UT Vehicle Damaged

ACCIDENT Date of Accident, Time, AM/PM, Place of Accident, Street, City, State, Investigated By, Accident Report #

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, Supervisor, Phone, Home Address, Street, City, State, Zip Code, Vehicle Insured, 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

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