



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.

Form with fields: 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 section with fields: Date of Accident, Time, AM/PM, Place of Accident, Street, City, State, Investigated By, Accident Report #.

DAMAGE TO OTHER section with fields: 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, Insurance Policy #, Agent, Phone, Address of Agent, Street, City, State, Zip Code, Where can property be seen?.

Description of how accident happened: _____

Witnesses section with fields: 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