UNIVERSITY OF ARKANSAS - MOTOR VEHICLE ACCIDENT RERORT

UNIVERSITY VEHICLE:

Driver's Name:		Driver's License#:
Home Ph#:	Date of Birth:	Department:
Vehicle Fleet #:		Campus Ph#:
Vehicle Year/Make/Model:		Veh ID/VIN#:
Accident Location(City or town):		(Street/Road/Hwy #):

ACCIDENT DATE: _____ ACCIDENT TIME :_____(am/pm)

Driver description of accident(five clear detailed account of: Where you were going; what load you were carrying; speed; amount of traffic; how accident occurred; weather; road conditions; etc.,):

_____

_____

_____

_____

_____

_____

OTHER VEHICLE(S):

Driver's Name:	Driver's License#:
Address:	Driver's Phone #:
Owner's Name	Owner's Phone #:
Vehicle Year/Make/Model:	License #:
Owner's Insurance Carrier:	Agent's Name:

INJURY TO PERSON(S):

Name/Address of person(s) injured in UNIVERSITY vehicle	Name/Address of person(s) injured in OTHER vehicle

WITNESS:

NAME		ADDRESS	
Investigation Officers Name:		Police Department:	

The information contained on this report is true and correct to the best of my knowledge and belief.

_____ _____

Signature of University Vehicle Driver Date