

UT Health Science Center: GS5104 - Motor Vehicle Safety Policy	
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Appendix C
Driver's Report of Vehicle Accident



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

UT VEHICLE NO. _____

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 (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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Policy #:	Agent:	Phone:	
	If Yes, Name of Insurer:	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