

UNIVERSITY OF ARKANSAS MOTOR VEHICLE ACCIDENT REPORT

UNIVERSITY VEHICLE:

CAMPUS LOCATION:

Driver's Name:		Drivers License #:
Home Ph#:	Date of Birth:	Department:
Vehicle Fleet #:	Type Code:	Campus Phone #:
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 (Give 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

WITNESSES:

NAME	ADDRESS

Investigating Officers Name:		Police Department:	
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The information contained on this report is true and correct to the best of my knowledge and belief.

Signature of University Vehicle DriverDate