

**UNIVERSITY OF ARKANSAS AT LITTLE ROCK
MOTOR VEHICLE ACCIDENT REPORT**

UNIVERSITY EMPLOYEE

Driver's Name:		Driver's License #:
Home Ph #:	Date of Birth:	Department:
Vehicle Fleet # (if applicable):		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 (Give a 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 vehicle driven by UNIVERSITY employee	Name/Address of person(s) injured in OTHER vehicle

WITNESS:

NAME		ADDRESS	
Investigation Officer(s) Name:		Police Department:	

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

Signature of University Driver

Date