



MOTOR VEHICLE ACCIDENT REPORT

Liability Only ☐ Physical Damage ☐ Non-Owned ☐

System Risk Management
The Texas A&M University System
301 Tarrow St. 5th Floor
Campus Mail 1262
College Station, Texas 77840
Phone Number: (979) 458-6330
Fax Number: (979) 458-6247

DATE	Date Of Accident _____		Day of Week _____	Hour _____	AM <input type="checkbox"/>	PM <input type="checkbox"/>		
LOCATION OF ACCIDENT	Highway/Street/Road on which Accident Occurred _____					Under Construction Yes <input type="checkbox"/> No <input type="checkbox"/>		
	County _____		City or Town _____		State _____			
	<input type="checkbox"/> AT ITS INTERSECTION WITH _____							
	<input type="checkbox"/> IF NOT INTERSECTION _____ FEET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF _____ N S E W					<small>Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.</small>		
SYSTEM VEHICLE DRIVER INFORMATION	Year _____		Make/ Model _____		Plate No. _____			
	V.I.N.: _____		Unit Number _____		Seat Belts In Use Yes <input type="checkbox"/> No <input type="checkbox"/>			
	System Member _____		Department _____					
	Driver _____		System Employee? (Yes or No) _____					
	Towing Trailer Yes <input type="checkbox"/> No <input type="checkbox"/>		Residence Phone _____		Business Phone _____			
	Description of Trailer _____		Owner _____					
	Driver's Occupation _____		Driver's License No. _____		Driving Experience (yrs) _____			
	Approximate Damage _____							
	Date of Birth _____		Speed You Were traveling _____ mph		Type of License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Com. Op			
	OTHER VEHICLE DRIVER INFORMATION	Year _____		Type & Make _____		Vehicle License No. _____		
Driver _____		Address _____ <small>(Include City and State)</small>		Phone _____				
Owner _____		Address _____ <small>(Include City and State)</small>		Phone _____				
Driver's Date of Birth _____		Driver's License Number _____						
Insurance Company _____		Policy Number _____						
Agent _____		Address _____		Phone _____				
PROPERTY DAMAGE	Describe Property _____							
	Owner _____		Address _____		Phone _____			
	Describe Damage _____				Estimate Damage _____			
INJURED	Name & Address _____		Phone _____	PED <input type="checkbox"/>	SYS Veh <input type="checkbox"/>	Other Veh <input type="checkbox"/>	Age _____	EXTENT OF INJURY _____
	Name & Address _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Name & Address _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Name & Address _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Name & Address _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

DIAGRAM		ACCIDENT TYPE
Indicate North	C O M P L E T E	Check Applicable Box <input type="checkbox"/> Head-on Collision <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Rear-End Collision <input type="checkbox"/> Ran Red Light/Stop Sign <input type="checkbox"/> Hit and Run Collision <input type="checkbox"/> Collision with Pedestrian <input type="checkbox"/> Collision with Bicyclist or Motorcycle <input type="checkbox"/> Backed without Safety <input type="checkbox"/> Vehicle Roll Over/Jackknife <input type="checkbox"/> Changing Lanes Collision <input type="checkbox"/> Passing and/or Turning Collision <input type="checkbox"/> Collision between two State Vehicles/Equipment <input type="checkbox"/> Collision with Parked Vehicle <input type="checkbox"/> Object Thrown from/by State Vehicle <input type="checkbox"/> Hit in Side by Other Vehicle <input type="checkbox"/> Struck by Falling or Flying Objects <input type="checkbox"/> Collision with Animal (wild or domestic) <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Windshield <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Other

Driver's Signature _____ Date _____

For further information or support, please contact your Vehicle Coordinator or System Risk Management. You can also visit System Risk Management's web site <http://www.tamus.edu/business/risk-management/>