# MOTOR VEHICLE ACCIDENT REPORT

**DATE**
- Date Of Accident: ______________  Day of Week: ______________  Hour: ______________  AM/PM

**LOCATION OF ACCIDENT**
- Highway/Street/Road on which Accident Occurred: __________________________
- County: ______________  City or Town: ______________  State: ______________
- Under Construction: Yes □  No □
- AT ITS INTERSECTION WITH: __________________________
- IF NOT INTERSECTION: __________________________ FEET □  □  OF N □  S □  E □  W
- Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.

**SYSTEM VEHICLE (Owned or Non-Owned)**
- Year: ______________  Make/Model: __________________________  Plate No.: __________________________
- V.I.N.: __________________________  Unit Number: __________________________  Seat Belts In Use: Yes □  No □
- Member Name: __________________________  Department: __________________________
- Driver: __________________________  System Employee? (Yes or No): __________________________
- Towing Trailer: Yes □  No □  Cell Phone: __________________________  Work Phone: __________________________
- Trailer Yr., Make, Model: __________________________  Owner: __________________________
- Driver’s Occupation: __________________________  Driver’s License No.: __________________________
- Date of Birth: ______________  Were traveling: ______________ mph  Type of License: __________________________
- Speed You: ______________  Approximate Experience (yrs): ______________  Damage: ______________

**OTHER VEHICLE DRIVER INFORMATION**
- Year: ______________  Make/Model: __________________________  Vehicle License No.: __________________________
- Driver: __________________________
- Driver’s Address: __________________________ (Include City and State)
- Owner: __________________________
- Owner’s Address: __________________________ (Include City and State)
- Driver’s Date of Birth: ______________  Driver’s License Number: __________________________
- Insurance Company: __________________________
- Policy Number: __________________________
- Agent: __________________________
- Agent’s Address: __________________________ (Include City and State)
- Phone: __________________________

**OTHER PROPERTY DAMAGE (Not Vehicle)**
- Describe Property: __________________________
- Owner: __________________________
- Owner’s Address: __________________________ (Include City and State)
- Phone: __________________________
- Describe Damage: __________________________
- Estimate Damage: __________________________

**INJURED**
- Name & Address: __________________________
- Name & Address: __________________________
- Name & Address: __________________________
- Name & Address: __________________________
- Phone: __________________________
- PED SIM Other Age: __________________________
- EXTEMP OF INJURY: __________________________

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*System Form 9  Complete Information on Back Side*
WITNESSES OR PASSENGERS

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Phone</th>
<th>SYS VEH</th>
<th>OTHER</th>
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POLICE REPORT

<table>
<thead>
<tr>
<th>Police Report</th>
<th>Yes</th>
<th>No</th>
<th>Case No.</th>
<th>Phone Number</th>
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CITATION ISSUED

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<tr>
<th>Officer Name</th>
<th>Charge(s)</th>
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PURPOSE OF TRIP

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<tr>
<th>Was System Vehicle in Emergency Response?</th>
<th>Yes</th>
<th>No</th>
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Brief Explanation of Trip Purpose:

NARRATIVE OF ACCIDENT

Briefly describe how accident occurred (Driver’s Statement)

DIAGRAM

ACCIDENT TYPE

| Check Applicable Box | Head-on Collision | Collision with Fixed Object | Rear-End Collision | Ran Red Light/Stop Sign | Hit and Run Collision | Collision with Pedestrian | Collision with Bicyclist or Motorcycle | Backed without Safety | Vehicle Roll Over/Jackknife | Changing Lanes Collision | Passing and/or Turning Collision | Collision between two State Vehicles/Equipment | Collision with Parked Vehicle | Object Thrown from/by State Vehicle | Hit in Side by Other Vehicle | Struck by Falling or Flying Objects | Collision with Animal (wild or domestic) | Fire | Theft | Vandalism | Windshield | Failed to Yield Right of Way | Other |
|---------------------|-------------------|-----------------------------|-------------------|--------------------------|-----------------------|--------------------------|--------------------------------------|------------------------|-------------------------------------|-----------------------------|-------------------------------------|------------------------------------------|-------------------------------|-----------------------------|-----------------|------------------|----------------------|----------------|-------------------------------|-------|

Supervisor’s Name ________________________________ Title ________________________________ Phone # ________________________________

Driver’s Signature ________________________________ Date ________________________________

PLEASE NOTE: You must notify Risk Management by creating a new incident in Origami, along with a scan of the MVAR, within 48 hours.

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/

As of 10.01.2020