



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: Yes No		Insurance Policy #:		Agent:		Phone:	
	If Yes, Name of Insurer:							
	Address of Agent:		Street:		City:		State:	
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