

UT VEHICLE NO. _____

**DRIVER'S REPORT
OF
VEHICLE ACCIDENT
UNIVERSITY OF TENNESSEE**

INSTRUCTIONS: Report every accident, damage or theft immediately after occurrence. Forward report immediately to:
Fleet Management at 1201 UT Drive, Knoxville, TN 37996

UT DRIVER: NAME _____ DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____ ISSUED STATE: _____ EXPIRATION: _____
HOME ADDRESS: _____
(STREET, CITY, STATE AND ZIP CODE)
DEPARTMENT: _____ SUPERVISOR: _____
CAMPUS ADDRESS: _____ PHONE: _____
UT VEHICLE LICENSE NUMBER: _____ VEHICLE: CAR _____ TRUCK _____ VAN _____ OTHER _____
MAKE: _____ MODEL: _____
PARTS OF UT VEHICLE DAMAGED: _____

ACCIDENT: DATE OF ACCIDENT: _____ TIME: _____ AM _____ PM _____
PLACE OF ACCIDENT: _____ CITY: _____ STATE: _____
(STREET OR HIGHWAY)
INVESTIGATED BY: _____
(AGENCY: i.e., UTPD, Local PD, County PD, State PD)
ACCIDENT REPORT NUMBER (If Available): _____

OTHER VEHICLE AND DAMAGE TO PROPERTY OF OTHERS:

KIND OF PROPERTY AND EXTENT OF DAMAGE: _____
VEHICLE: MAKE: _____ MODEL: _____ YEAR: _____
DRIVER OF DAMAGED VEHICLE: _____ DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____ ISSUED STATE: _____ EXPIRATION: _____
HOME ADDRESS OF DRIVER: _____
(STREET, CITY, STATE AND ZIP)
OWNER OF DAMAGED VEHICLE (IF DIFFERENT FROM DRIVER): _____
HOME ADDRESS OF OWNER: _____
(STREET, CITY, STATE AND ZIP)
VEHICLE INSURED: YES _____ NO _____ IF YES, NAME OF INSURER: _____
INSURANCE POLICY NUMBER: _____ AGENT: _____
ADDRESS OF AGENT: _____
(STREET, CITY, STATE AND ZIP)
WHERE CAN PROPERTY BE SEEN: _____

DESCRIPTION OF HOW ACCIDENT OCCURRED: _____

WITNESSES: NAME: _____
HOME ADDRESS: _____
NAME: _____
HOME ADDRESS: _____

ADDITIONAL DOCUMENTATION ATTACHED: YES _____ NO _____