

TRUMAN STATE UNIVERSITY

VEHICLE ACCIDENT REPORT

INSTRUCTIONS: This report is to be completed in the event any of the following vehicles are involved in an accident. (1) any University-owned vehicle; (2) any employee-owned vehicle used on official University business; and (3) any vehicle rented or leased by or for the University. This form is to be typed (original only). The Department Chairperson or Staff Supervisor should complete the Supervisor's Report of Accident Investigation section, and forward to the Controller within 48 hours after the accident. *There is a blank page at the end of this form if you need additional space for information. The Department of Public Safety is available for consultation and guidance in completion of this form.

1. Date Report Prepared	2. Information Supplied By (Driver Signature)	3. Department Name
4. Department Telephone	5. Date of Accident	6. Time of Accident ____ : ____ AM PM
7. Place of Accident (city, state; if on a highway, give number and nearest community)		

DRIVER INFORMATION

VEHICLE OPERATED BY UNIVERSITY EMPLOYEE		OTHER VEHICLE OR PROPERTY	
Occupied	Unoccupied	Occupied	Unoccupied
8. Driver's Name	9. Driver's Age	16. Driver's Name	17. Driver's Age
10. Driver's University Address		18. Driver's Address	
11. University Telephone	12. Driver's or Chauffeur's License Number		
13. Driver's Date of Birth	14. Driver's Social Security Number	19. Driver's Telephone	20. Driver's or Chauffeur's License Number
15. Purpose for which vehicle was being used.		21. If driver was not the owner, give owner's name and address Insured By (name of insurance company) Insurance Agent (name, address and telephone number)	

INJURED

NAME AND ADDRESS	HOSPITALIZED		AREA CODE & PHONE	PED.	UM VEH.	Other
22.	YES	NO				
23.	YES	NO				
24.	YES	NO				

WITNESSES OR PASSENGERS

NAME AND ADDRESS	AREA CODE & PHONE	UM VEH.	Other
25.			
26.			

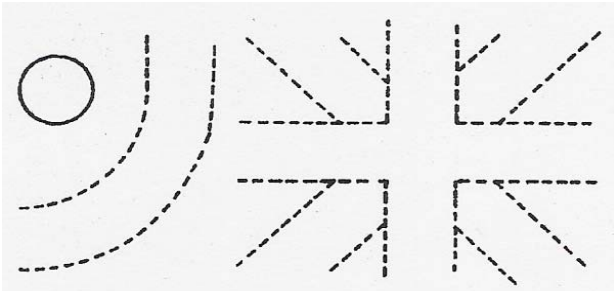
ACCIDENT INFORMATION

27. Was a law enforcement agency notified? If so, name of agency
28. Was citation issued as a result of accident? If so, to whom issued and for what reason?
29. Brief description of accident (speed, traffic, road conditions, seat belts, signals, etc.)

LOSS INFORMATION

UNIVERSITY VEHICLE		OTHER VEHICLE OR PROPERTY	
30. Year, Make and Model of Car	31. License Number and State	38. Year, Make and Model of Car	39. Licence Number and State
32. Vehicle Identification Number	33. Private/ Leased Car Official Car	40. Describe Damage to Vehicle	
34. Used with Permission Yes No			
35. Describe Damage to Vehicle			
Please note - For items 36, 37, 41, & 42, if information is not readily available, do not delay report, simply forward repair estimates as soon as possible			
36. Name and address where vehicle was taken for repair		41. Name and address where vehicle was taken for repair	
37. Estimated Cost to Repair \$		42. Estimated Cost to Repair \$	

SUPERVISOR'S REPORT OF ACCIDENT INVESTIGATION

<p>INDICATE Use on of these outlines to sketch the scene of your accident; NORTH OUTLINE ROADWAY WITH SOLID LINES AND IDENTIFY BY ARROW ALL STREETS</p>					
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">LIGHT (Check one)</p> <p>Dawn Daylight Darkness-street lighted Darkness-street not lighted Dusk</p> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">WEATHER (Check one)</p> <p>Clear Raining Snowing Fog</p> <p style="text-align: center;">Specify Other</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p style="text-align: center;">ROAD CHARACTER (Check two)</p> <p>Level Hillcrest On Grade Curve Straight Road</p> </td> <td style="vertical-align: top;"> <p style="text-align: center;">ROAD SURFACE (Check one)</p> <p>Dry Wet Snowy Muddy Icy</p> </td> </tr> </table>	<p style="text-align: center;">LIGHT (Check one)</p> <p>Dawn Daylight Darkness-street lighted Darkness-street not lighted Dusk</p>	<p style="text-align: center;">WEATHER (Check one)</p> <p>Clear Raining Snowing Fog</p> <p style="text-align: center;">Specify Other</p>	<p style="text-align: center;">ROAD CHARACTER (Check two)</p> <p>Level Hillcrest On Grade Curve Straight Road</p>	<p style="text-align: center;">ROAD SURFACE (Check one)</p> <p>Dry Wet Snowy Muddy Icy</p>
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<p>What action has or will be taken to prevent recurrence: (Attach a separate sheet if more space is needed):</p> 					
<p>I have personally taken photos of the damaged vehicle(s). I have arranged for the Department of Public Safety to take photos of the damaged vehicle(s).</p>					
Supervisor's Signature	Title				
Supervisor's Printed Name	Date				
Supervisor's Printed Name	Department				
Campus Claims Coordinator's Signature	Date				
Campus Claims Coordinator's Signature	Date				

ADDITIONAL NOTES: