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 Universityowned 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

3. Department Name

2. Information Supplied By (Driver Signature)

Department Telephone	5. Date of Accident			6. Time of Accident	ΑN	1	PM		
7. Place of Accident (city, state; i	f on a highway, give number and nea	rest community)							
DRIVER INFORMATION									
VEHICLE OF	PERATED BY UNIVERSITY EMPLOY	YEE		0	THER VEHICLE O	R PROPERTY			
Occu	pied 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 A	Address					
11. University Telephone	phone 12. Driver's or Chauffeur's License Number								
13. Driver's Date of Birth	14. Driver's Social Security Nur	mber	19. Driver's	Геlephone	20. Driver's or Chauffeur's License Number				
15. Purpose for which vehicle wa	as being used.		21. If driver was not the owner, give owner's name and address						
			Insured By (Insured By (name of insurance company)					
			Insurance Aç	Insurance Agent (name, address and telephone number)					
		INJ	IURED						
NAME AND ADDRESS			HOS	SPITALIZED	AREA CO	DE & PHONE	PED.	UM VEH.	Other
22.			YES	NO					
23.			YES	NO					
24.			YES	NO					
		WITNESSES C	R PASSE	NGERS	•				
NAME AND ADDRESS					AREA CODE & PHONE			Other	
25.									
26.									
		ACCIDENT	INFORMA [*]	TION	l.				
27. Was a law enforcement agen	ncy notified? If so, name of agency								
28. Was citation issued as a resu	ult of accident? If so, to whom issued	and for what reason?							
29. Brief description of accident (speed, traffic, road conditions, seat belts, signals, etc.)									
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LOSS INFORMATION

UNIVERSITY VEHICLE				OTHER VEHICLE OR PROPERTY		
30. Year, Make and Model of Car	31. License N	lumber and S	State	38. Year, Make and Model of Car	39. Licence Number and State	
32. Vehicle Identification Number	33. Private/ Official Car Leased 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 infor	mation is no	ot readily availat	ole, 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 ta	ken for repair	
37. Estimated Cost to Repair \$				42. Estimated Cost to Repair \$		

SUPERVISOR'S REPORT OF	ACCIDENT INVESTIGATION					
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	LIGHT (Check one)	WEATHER (Check one)				
011	Dawn Daylight Cle Darkness-street lighted Sno Darkness-street not lighted Dusk	ar Raining owing Fog Specify Other				
	ROAD CHARACTER (Check two) Level Hillcrest Dry On Grade Curve Sno Straight Road Icy					
What action has or will be taken to prevent recurrence: (Attach a separate sheet if more sp	ace is needed):					
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).						
Supervisor's Signature	Title	Date				
Supervisor's Printed Name	Department					
Campus Claims Coordinator's Signature	Title	Date				

ADDITIONAL NOTES:	