

UNIVERSITY OF MISSOURI VEHICLE ACCIDENT REPORT

 Columbia

 Kansas City

 Rolla

 St. Louis

 UM System

 Hospital

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. Form should be filled out within 48 hours. If not applicable put N/A.

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

DRIVER INFORMATION

UNIVERSITY VEHICLE		OTHER VEHICLE OR PROPERTY		
8. Driver's Name	9. Driver's Age	14. Driver's Name	14a. Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Driver's Age
10. Driver's University Address		16. Driver's Address		
11. University Telephone	12. Driver's or Chauffeur's License Number			
13. Purpose for which vehicle was being used		17. Driver's Telephone	18. Driver's or Chauffeur's License Number	
Were seatbelts worn?		19. 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 (if none, enter none)	AREA CODE & PHONE	PED.	UM VEH.	OTHER
20.				
21.				
22.				

WITNESSES OR PASSENGERS

NAME AND ADDRESS (if none, enter none)	AREA CODE & PHONE	UM VEH.	OTHER
23.			
24.			

ACCIDENT INFORMATION

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

