		_	IVERSITY OF I						
	VEHICLE ACCIDENT REPORT								
	Columbia	Kansas City	Rolla	🗌 St. Louis	UM System	Hospital			
This report	is to be completed i	n the event any of the fo	llowing vehicles are	e involved in an accide	nt. (1) any University-	owned vehicle; (2)			
any employ	/ee-owned vehicle u	sed on official University	v business; and (3)	any vehicle rented or l	eased by or for the U	niversity.			

F	orm should be filled out within 48 i	hours. If not applicable put N/A.				
1.	Date Report Prepared 2. Informati	on Supplied By (Driver Signature)	3. Department Name			
4.	Department Telephone	5. Date of Accident	6. Time of Accident			
7.	Place of Accident (city, state; if on a highway, give number and nearest community)					

DRIVER	INFORMATION

	2					
UNIVERSITY VEHICLE		OTHER VEHICLE OR PROPERTY				
8. Driver's Name	9. Driver's Age	14. Driver's Name	14a. Owner 15. Driver's Age Yes No			
10. Driver's University Address		16. Driver's Address				
11. University Telephone 12. Driver's or Chauffeur's Lice	ense Number					
13. Purpose for which vehicle was being used		17. Driver's Telephone	18. Driver's or Chauffeur's License Number			
		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)			
Were seatbelts worn?						
	IN	JURED				

incontes								
NAME ANI	DADDRESS (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.	отнек				
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.)

LOSS INFORMATION

UNIVERSITY VEHICLE					OTHER VEHICLE OR PROPERTY			
28. Year, Make and Moo	del of Car	29. License Num	ber and State		36. Year, Make and Moo	del of Car	37. License Number and State	;
30. Vehicle Identification		31. Official Ca	ır Private/I	Leased Car	38. Describe Damage to	Vehicle	·	
32. Used with Permissic	on////////////////////////////////////							
33. Describe Damage to	o Vehicle							
	for items 34, 35, soon as possible		ormation is no	ot readily ava	ailable, do not delay	/ report, simpl	y forward repair	
34. Name and address t	where vehicle was take	n for repair			39. Name and address v		taken for repair	
35. Estimated Cost to Repair \$				40. Estimated Cost to Repair \$				
MoCode Deductibles: \$500 for liability for owned or rented and collision claims:/ \$500 for comprehensive; \$0 for physical damage to a con								
Supervisor's Signature			Title				Date	
Campus Claims Coordinator's Signature			Title		Date			

NOTE: Submit the form via the Submit Form button, or save the completed form to your computer and then send via email to umrimclaims@umsystem.edu.