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| --- | --- | --- |
| UA-color-left-med | **University of Arkansas****Motor Vehicle Accident Report** | MISC-1103-23-04 |
|  |
| **University Vehicle:** |
|  |
| Driver’s Name |       |  | Driver’s License #: |       |
|  |
| Home Phone |       | Date of Birth |       | Department |       |
|  |
| Vehicle Fleet # |       |  |  | Campus Phone # |       |
|  |
| Vehicle year/make/model |       | Vehicle ID/VIN # |       |
|  |
| Accident Location (City or Town) |       | Street/Road/Hwy |       |
|  |
| Accident Date |       | Accident Time |       | [ ]  | AM | [ ]  | PM |
|  |
| Driver description of Accident (Give clear detailed account of: where you were going; what load you were carrying; speed; amount of traffic; how accident occurred; weather; road conditions; etc.) |
|  |
|       |
|  |
| **Other Vehicle(s):** |
|  |
| Driver’s Name |       | Driver’s License # |       |
|  |
| Address |       | Driver’s Phone # |       |
|  |
| Owner’s Name |       | Owner’s Phone # |       |
|  |
| Vehicle year/make/model |       | License # |       |
|  |
| Owner’s Insurance Carrier |       | Agent’s Name |       |
|  |
| **Injury to Person(s):** |
|  |
| Name/Address of person(s) injured in **University** Vehicle |  | Name/Address of person(s) injured in **Other** Vehicle |
|  |  |  |
|       |  |       |
|  |
|       |  |       |
|  |
|       |  |       |
|  |
| **Witnesses:** |  |  |
| **Name** |  | **Address** |
|  |
|       |  |       |
|  |
|       |  |       |
|  |
|       |  |       |
|  |
| Investigating Officer’s Name |       | Police Department |       |
|  |
| The information contained on this report is true and correct to the best of my knowledge and belief. |
|  |
|  |       |  |
| Signature of University Vehicle Driver | Date |       |
|  |