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| UA-color-left-med | | | | | | | | **University of Arkansas**  **Motor Vehicle Accident Report** | | | | | | | | | | | | | | | | MISC-110  3-23-04 |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | |
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| **Witnesses:** | | | | | | | | | | |  |  | | | | | | | | | | | | |
| **Name** | | | | | | | | | | |  | **Address** | | | | | | | | | | | | |
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| Investigating Officer’s Name | | | |  | | | | | | | | Police Department | | |  | | | | | | | | | |
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| The information contained on this report is true and correct to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of University Vehicle Driver | | | | | | | Date | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |