MOTOR VEHICLE ACCIDENT REPORT

TFS EMPLOYEES FAX THIS FORM TO (979) 458-6699

System Risk Management
The Texas A&M University System
301 Tarrow St. 5th Floor
Campus Mail 1262
College Station, Texas 77840
Phone Number: (979) 458-6330
Fax Number: (979) 458-6247

DATE

Date Of Accident _____ Day of Week _____ Hour _____ AM☐ PM☐

LOCATION OF ACCIDENT

Highway/Street/Road on which Accident Occurred _____ Under Construction Yes ☐ No ☐

County _____ City or Town _____ State _____

☐ AT ITS INTERSECTION WITH _____

☐ IF NOT INTERSECTION _____ FEET ☐N ☐S ☐E ☐W OF _____

Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.

SYSTEM VEHICLE

DRIVER INFORMATION

Year _____ Make/ Model _____ Plate No. _____

V.I.N.: _____ Unit Number _____ Seat Belts In Use Yes ☐ No ☐

System Member _____ **Department** _____

Driver _____ **System Employee? (Yes or No)** _____

Towing Trailer Yes ☐ No ☐ Residence Phone _____ Business Phone _____

Description of Trailer _____ Owner _____

Driver's Occupation _____ Driver's License No. _____ Driving Experience (yrs) _____ Approximate Damage _____

Date of Birth _____ Speed You Were traveling _____ mph Type of License ☐ Class A ☐ Class B ☐ Class C ☐ Com. Op

OTHER VEHICLE / PROPERTY

DRIVER INFORMATION

Year Model _____ Type & Make Vehicle _____ Vehicle License No. _____

Driver _____ Address (Include City and State) _____ Phone _____

Owner _____ Address (Include City and State) _____ Phone _____

Driver's Date of Birth _____ Driver's License Number _____

Insurance Company _____ Policy Number _____

Agent _____ Address _____ Phone _____

PROPERTY DAMAGE

Describe Property _____

Owner _____ Address _____ Phone _____

Describe Damage _____ Estimate Damage _____

INJURED

	Phone	PED	SYS Veh	Other Veh	Age	EXTENT OF INJURY
Name & Address		☐	☐	☐		
Name & Address		☐	☐	☐		
Name & Address		☐	☐	☐		
Name & Address		☐	☐	☐		

Complete Information on Back Side

WITNESSES OR PASSENGERS

	Name & Address	Phone	SYS Veh	Other Veh	OTHER (SPECIFY)
Name & Address			☐	☐	
Name & Address			☐	☐	
Name & Address			☐	☐	
Name & Address			☐	☐	

POLICE REPORT

CITATION ISSUED

Police Report

Yes ☐ No ☐ If yes, please state which agency _____

Case No. _____ Phone Number _____

Officer Name _____ Charge(s) _____

PURPOSE OF TRIP

Was System Vehicle in Emergency Response? ☐ **Yes** ☐ **No**

Brief Explanation of Trip Purpose:

NARRATIVE OF ACCIDENT

Briefly describe how accident occurred

DIAGRAM

Indicate North

C O M P L E T E

ACCIDENT TYPE

Check Applicable Box

- ☐ Head-on Collision
- ☐ Collision with Fixed Object
- ☐ Rear-End Collision
- ☐ Ran Red Light/Stop Sign
- ☐ Hit and Run Collision
- ☐ Collision with Pedestrian
- ☐ Collision with Bicyclist or Motorcycle
- ☐ Backed without Safety
- ☐ Vehicle Roll Over/Jackknife
- ☐ Changing Lanes Collision
- ☐ Passing and/or Turning Collision
- ☐ Collision between two State Vehicles/Equipment
- ☐ Collision with Parked Vehicle
- ☐ Object Thrown from/by State Vehicle
- ☐ Hit in Side by Other Vehicle
- ☐ Struck by Falling or Flying Objects
- ☐ Collision with Animal (wild or domestic)
- ☐ Fire ☐ Theft ☐ Vandalism ☐ Windshield
- ☐ Failed to Yield Right of Way
- ☐ Other

Supervisor's **Name** _____ Title _____ Phone # _____

Driver's Signature _____ Date _____

PLEASE NOTE: You must notify Risk Management within **24 hours** of an automobile accident. In addition, you must furnish a completed MVAR within **48 hours** to Risk Management either by fax (979)458-6247 or email to **RMS-insurance@tamus.edu**.

For further information or support, please contact your Vehicle Coordinator or System Risk Management.
You can also visit System Risk Management's web site http://www.tamus.edu/business/risk-management/

As of 1.25.18