



UT VEHICLE NO. \_\_\_\_\_

**THE UNIVERSITY OF TENNESSEE  
DRIVER'S REPORT OF VEHICLE ACCIDENT**

**INSTRUCTIONS:** Report every accident, damage or theft immediately after occurrence. Forward report immediately to: Your Campus Transportation Services and Office of Risk Management, *5723 Middlebrook Pike, Ste. 218* or fax it to: (865)974-0936 as soon as possible.

**BASIC INFORMATION  
Must be completed for all incidents.**

Driver Name:	Date of Birth:	Driver's License #:	Issued State:	Expiration:
<b>Home Address:</b> Street:	City:		State:	Zip Code:
Department:	Supervisor Name:		Phone Number:	
Campus Address:				
<b>UT Vehicle:</b> License Plate #:	Vehicle Type:	Year:	Make:	Model:
Parts of UT Vehicle Damaged:				

<b>ACCIDENT</b>	Date of Accident:	Time: AM/PM	Place of Accident:
	Street:		City: State:
	Investigated By (Agency: i.e., UTPD, Local PD, County PD, State PD)		Accident Report # (If Available):

<b>DAMAGE TO OTHER</b>	Kind and Extent of Property Damage:			
	<b>Vehicle:</b> Make:	Model:	Year:	
	Driver of Damaged Vehicle:	Date of Birth:	Driver's License #:	Issued State: Expiration:
	<b>Home Address:</b> Street:	City:		State: Zip Code:
	Owner of Damaged Vehicle (If Different From Driver):	Supervisor:		Phone:
	<b>Home Address:</b> Street:	City:		State: Zip Code:
	Vehicle Insured: Yes No	Insurance Policy #:	Agent:	Phone:
	<b>Address of Agent:</b> Street:	City:		State: Zip Code:
Where can property be seen?:				

**Description of how accident happened:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Witnesses</b>	Name:	Home Address:
	Name:	Home Address:

**FOLLOWING TO BE FILLED OUT BY SUPERVISOR**

The purpose of UT vehicle was: \_\_\_\_\_  
 Departmental Account: \_\_\_\_\_ Employee: \_\_\_\_\_ Personnel #: \_\_\_\_\_ is an employee of the University of Tennessee and was authorized by \_\_\_\_\_ to operate the above vehicle.

Were there any special instructions or restrictions? Yes No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Additional Documentation Attached? Yes No