



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

UT VEHICLE NO. _____
State of TN Auto Accident Call Center
1-855-253-0629
Center Claim # _____

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:
Home Address:	Street:	City:		State:	Zip Code:
Department:		Supervisor Name:		Phone Number:	
Campus Address:					
UT Vehicle:	License Plate #:	Vehicle Type:	Year:	Make:	Model:
Parts of UT Vehicle Damaged:					

ACCIDENT	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):	

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

Description of how accident happened: _____

Witnesses	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