

To:

From:

Date:

Re:

UT Driver:

Date of Accident:

Other Driver:

The above-captioned accident has been reported to our office for investigation, evaluation, and claims handling. Your cooperation in providing the following information is requested.

Purpose of Vehicle Use:

Departmental  
Account #:

Employee  
Name:

Personnel #:

Person Who  
Authorized  
Vehicle Usage:

Were any special instructions or restrictions placed on this vehicle usage?

Yes      No

If yes, explain below.

Supervisor's  
Signature:

Date:

Please return this form to Jennifer Lane, [jlane4@tennessee.edu](mailto:jlane4@tennessee.edu), as soon as possible.