



**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 Business Service, 111 Administration Building or email to dmcDani4@utm.edu or fax to: (731)881-7829 as soon as possible 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:
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:
If Yes, Name of Insurer:				
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