



# MOTOR VEHICLE ACCIDENT REPORT

Liability Only  Physical Damage  Non-Owned

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

<b>DATE</b>	Date Of Accident _____	Day of Week _____	Hour _____	AM <input type="checkbox"/>
				PM <input type="checkbox"/>

<b>LOCATION OF ACCIDENT</b>	Highway/Street/Road on which Accident Occurred _____	Under Construction Yes <input type="checkbox"/> No <input type="checkbox"/>
	County _____ City or Town _____ State _____	
	<input type="checkbox"/> AT ITS INTERSECTION WITH _____	
	<input type="checkbox"/> IF NOT INTERSECTION _____ FEET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF _____	
		<small>N S E W Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.</small>

<b>SYSTEM VEHICLE DRIVER INFORMATION</b>	Year _____ Make/ Model _____ Plate No. _____	Seat Belts In Use Yes <input type="checkbox"/> No <input type="checkbox"/>
	V.I.N.: _____ Unit Number _____	
	System Member _____ Department _____	
	Driver _____ System Employee? (Yes or No) _____	
	Towing Trailer Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Com. Op		

<b>OTHER VEHICLE DRIVER INFORMATION</b>	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 _____	

<b>PROPERTY DAMAGE</b>	Describe Property _____
	Owner _____ Address _____ Phone _____
	Describe Damage _____ Estimate Damage _____

<b>INJURED</b>	Name & Address _____	Phone _____	PED	SYS Veh	Other Veh	Age	EXTENT OF INJURY _____
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

<b>WITNESSES OR PASSENGERS</b>	Name & Address _____	Phone _____	SYS Veh	Other Veh	OTHER (SPECIFY) _____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Name & Address _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>POLICE REPORT  CITATION ISSUED</b>	<b>Police Report</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which agency _____	
	Case No.	_____	Phone Number _____
	Officer Name	_____	Charge(s) _____

<b>PURPOSE OF TRIP</b>	<b>Was System Vehicle in Emergency Response?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Brief Explanation of <u>Trip Purpose</u> : _____

<b>NARRATIVE OF ACCIDENT</b>	Briefly describe how accident occurred

DIAGRAM
Indicate North

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ACCIDENT TYPE
<b>Check Applicable Box</b> <input type="checkbox"/> Head-on Collision <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Rear-End Collision <input type="checkbox"/> Ran Red Light/Stop Sign <input type="checkbox"/> Hit and Run Collision <input type="checkbox"/> Collision with Pedestrian <input type="checkbox"/> Collision with Bicyclist or Motorcycle <input type="checkbox"/> Backed without Safety <input type="checkbox"/> Vehicle Roll Over/Jackknife <input type="checkbox"/> Changing Lanes Collision <input type="checkbox"/> Passing and/or Turning Collision <input type="checkbox"/> Collision between two State Vehicles/Equipment <input type="checkbox"/> Collision with Parked Vehicle <input type="checkbox"/> Object Thrown from/by State Vehicle <input type="checkbox"/> Hit in Side by Other Vehicle <input type="checkbox"/> Struck by Falling or Flying Objects <input type="checkbox"/> Collision with Animal (wild or domestic) <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Windshield <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> 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](mailto: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/>