**VEHICLE ACCIDENT REPORT**

TO BE USED BY ALL STATE AGENCIES to make immediate report of all motor vehicle accidents involving State employees, vehicles, equipment or where highways could result in claim against State. For reports of non-motor vehicle accidents and occurrences that could result in a claim being filed against the State use State Claims Board’s “Injury or Damage Report, Non-Vehicle”. THIS REPORT IS NOT a substitute for Motor Vehicle Department’s required “Motor Vehicle Accident Report” and THIS REPORT IS NOT a substitute for Worker’s Compensation Court’s required “First Report of Alleged Accident”.

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>HOUR</th>
<th>AM/PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td></td>
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</tbody>
</table>

**LOCATION**

Road on which accident occurred

At its intersection with

If not at intersection... feet north, south, east, west, of... show nearest intersecting street or highway number, bridge, railroad crossing, underpass or milepost.

Place where accident occurred: County. City, town, or township. State. If accident was outside city limits, indicate distance from nearest town... miles. North South East West

**UNIVERSITY VEHICLE - No. 1 Equipment #**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>TYPE (SEDAN, TRUCK)</th>
</tr>
</thead>
</table>

**VEHICLE - No. 2**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>TYPE (SEDAN, TRUCK)</th>
</tr>
</thead>
</table>

**DRIVER’S FULL NAME**

**DRIVER’S ADDRESS**

**VEHICLES TOTAL # ... INVOLVED**

**AGE** Male Female

**LICENSE PLATE #**

**STATE**

**NUMBER**

**OWNER**

**Owner’s Address**

**(If State, use Agency Name)**

**(If State, place where garage)**

**Parts of vehicle damaged**

**Estimated cost to repair $**

**PROPERTY**

**Damage to property other than vehicles**

Name and address of owner of object struck

**Name object and state nature of damage**

**Approximate cost $ To repair**

DESCRIBE WHAT HAPPENED

Refer to State vehicle as “No.1” others “No.2, No. 3” etc.

examples of descriptions and diagrams can be demonstrated on back side of this form and submitted to Dept. of Motor Vehicles.

Indicate on this diagram what happened. Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers. Show signs, signals, warning and traffic controls.

Indicate North by arrow

Street name or highway number