

UNIVERSITY OF KENTUCKY VEHICLE ACCIDENT REPORT FORM

This form must be submitted by the supervisor no later than the end of the next working day after the accident.

ACCIDENT INFORMATION

Must Use Adobe Reader 8.0 or greater

Police Department Reported
(Can Be Submitted Later)

Date (use pull down)

Time (Use 24 hour Clock)

Location Of Accident (Include city & state)

Origin & Destination Of Your Trip

Police Case Number

UK VEHICLE & DRIVER INFORMATION

This information can be found on the vehicle and the registration paper.

Make

Model

Year

Serial Number

License Plate Number

Fleet Number

Name Of Driver

Home Address (include city & state)

Phone (Home -Include Area Code)

Department Where Employed

Office Address

Phone (office - Include Area Code)

Driver's License Number

UK ID Number

Describe Vehicle Damage

OTHER VEHICLE OR PROPERTY

Make

Model

Year

License Plate Number

Insurance Carrier & Address

Name of Driver

Address (include city & state)

Phone (Include Area Code)

Name of Owner

Address (include city & state)

Phone(Include Area Code)

ACCIDENT

Description of Accident (Limited to 255 characters)

Additional 255 characters for Description of Accident

INJURIES AND WITNESSES

Were there any injuries?

Yes

No

Were there any witnesses?

Yes

No

Names (use dash
between names):

All accidents are subject to review by the University Accident Review Board to determine if it was preventable or non-preventable.

SUPERVISOR REVIEW

I have reviewed this accident report with _____

on the following date:

The status of the driver is:

Other:

What is the driver's general outlook on safe driving practices?

Excellent

Good

Average

Poor

Any additional information the supervisor wishes to add?

Supervisor's Name

UK ID Number

Department Number

Print Form First For Your Copy

Then Submit By Email

By entering with this button I certify this form has been reviewed with the driver and the information is true and correct to the best of our knowledge.