

# 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

Date (use pull down)	Time (Use 24 hour Clock)	Location Of Accident (Include city & state)	Police Department Reported (Can Be Submitted Later)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Origin & Destination Of Your Trip

Police Case Number

<input type="text"/>	<input type="text"/>
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## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Of Driver

Home Address (include city & state)

Phone (Home -Include Area Code)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Department Where Employed

Office Address

Phone (office - Include Area Code)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Driver's License Number

UK ID Number

Describe Vehicle Damage

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## OTHER VEHICLE OR PROPERTY

Make	Model	Year	License Plate Number	Insurance Carrier & Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Driver

Address (include city & state)

Phone (Include Area Code)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Owner

Address (include city & state)

Phone(Include Area Code)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 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.