

MSU Motor Pool Witness Report Form

Please fill out this form to the best of your ability. Omit no pertinent information. Even the smallest details may prove to be crucial for the interpretation of this accident. Please use the comments section at the bottom of this page to add any important information, which is not directly requested by this form.

Personal Information

Name	Date	Phone #
Address		
University Status (Student/Staff/Faculty/Other)		Organizational/Departmental Affiliation

Accident Information

Describe How Accident Occurred	
Location of Accident	
Date of Accident	Time AM PM
Visibility/Illumination Conditions	
Weather Conditions	Road Conditions
Describe Road/Intersection layout	
Describe Traffic Controls Present	
University Vehicle	Other Vehicle
Estimated Speed	Estimated Speed
License #	License #
Direction Traveling Prior to Accident	Direction Traveling Prior to Accident
Visible From Other Vehicle?	Visible From Other Vehicle?
Signaled Prior to Impact?	Signaled Prior to Impact?
Passengers Injured?	Passengers Injured?
How many?	How Many?
Describe any personal injuries	
Comments	