

MSU Motor Pool Accident Report Form

This guide is provided to help authorized users of University vehicles in the event of an accident. The individual driving the University vehicle, if available, should record all requested information to the best of their ability. Please fill out this form at an appropriate time when all emergencies have been dealt with. For more information see the Motor Pool Breakdown and Accident Procedures.

Accident Information		
Name of Person Filling Out Report	Phone 1	Phone 2
Address		
Location of Accident		
Date of Accident	Time AM PM	
Weather Conditions		
Road Conditions		
Number of Vehicles in Accident	Number of University Vehicles in Accident	
Accident Description		
Police Officer Name	Badge #	
Police Officer Name	Badge #	
Was Summons Issued?		
To Whom		
Were Persons Injured? Y \ N (If yes, please complete the Injured Persons section)		
What Hospital were injured taken to	Doctor's Name	
Non-Vehicular Damage Y \ N (If yes, please complete the Property Damage section)		

University Vehicle		
Driver's Name	Phone 1	Phone 2
Address		
Driver's License #		
Vehicle Make & Year	License #	
Nature of Damage		

Other Vehicle(s)		
Driver's Name	Phone 1	Phone 2
Address		
Driver's License #		
Vehicle Make & Year	Vehicle License #	
Nature of Damage		
Driver's Name	Phone 1	Phone 2
Address		
Driver's License #		
Vehicle Make & Year	Vehicle License #	
Nature of Damage		

Injured Persons

Name

Phone 1

Phone 2

Address

Passenger of University/Other Vehicle

Nature of Injuries

Name

Phone 1

Phone 2

Address

Passenger of University/Other Vehicle

Nature of Injuries

Property Damage

Owner's Name

Phone 1

Phone 2

Address

Object Damaged

Nature of Damage

Witnesses

Name

Phone 1

Phone 2

Address

Name

Phone 1

Phone 2

Address

Name

Phone 1

Phone 2

Address
