

SUPERVISOR'S STATEMENT

How and why accident occurred:

Supervisor's Signature:

Date: _____

If injury:

Unit/Department Safety Officer's Signature:
Department Head/Account Manager's Signature:

Please complete this form, fold, staple/tape and send original to Facilities Management, PPA 143. We will distribute to Environmental Health, Safety & Risk Management.

Drive Safely!

Please fold, staple/tape, and return to:
Facilities Management Department
PPA 143
Texas State University

Texas State University

Vehicle Accident / Incident Report
(To be completed by vehicle driver)

Driver Information: (Please Print)

Name:
Driver's License Number:
Department Name:
Department Phone:
Supervisor Name:

Student* Staff Faculty

*Student Address: _____

*Student Phone: _____

University Vehicle Information:

Vehicle Number: _____

License Plate: _____

Make / Model: _____

Year: _____

Date of Accident: _____

PD Case Number: _____

COLLISION INFORMATION

ON Campus OFF Campus

Location: _____

Police Notified?
 Yes No
Police Department:
 TX State San Marcos
 Other: _____

Officer's Name: _____
Officer's Badge Number: _____
Officer's Phone Number: _____

2nd PARTY INFORMATION:

Name: _____
Address: _____
Phone #: _____
TDL #: _____

2nd Party Insurance Company Information:

Name: _____
Policy #: _____
Phone #: _____

2nd Party Vehicle Information:

Vehicle: _____
Plate #: _____
State: _____ Yr: _____

BRIEF DESCRIPTION OF ACCIDENT

Tell how the accident occurred and any information you feel contributed to accident.

INJURIES

Was anyone injured? Yes No
If so, who? _____

First Aid administered? Yes No
If so, by whom? _____

Did Airbag deploy? Yes No

DRIVER'S SIGNATURE:

Date: _____

PROPERTY DAMAGE:

(Guard rail, utility pole, etc.)

WITNESS INFORMATION:

(1) Name: _____
Address: _____

Phone Number (Home): _____
Phone Number (Work): _____
Driver's License Number: _____
State Issued: _____

(2) Name: _____
Address: _____

Phone Number (Home): _____
Phone Number (Work): _____
Driver's License Number: _____
State Issued: _____

For Facilities Management
Office Use Only:

Date form received in Facilities Management
AiM Work Order #
Date form received in Facilities Garage
Facilities Garage vehicle repair estimate
Date sent to Environmental Health, Safety & Risk Management
Date check received from insurance company <i>(if applicable)</i>
Date check deposited
Account Number for deposit

