THE TEXAS A&M UNIVERSITY SYSTEM

MOTOR VEHICLE ACCIDENT REPORT

System Risk Management
The Texas A&M University System
301 Tarrow St. 5th Floor
Campus Mail 1262
College Station, Texas 77840
Phone Number: (979) 458-6330
Fax Number: (979) 458-6247

DATE OF INCIDENT

Date Of Incident _____ Day of Week _____ Hour _____ AM☐ PM☐

LOCATION OF INCIDENT

Highway/Street/Road on which Incident Occurred _____

County _____ City or Town _____ State _____

☐ AT ITS INTERSECTION WITH _____

☐ IF NOT INTERSECTION _____ FEET ☐N ☐S ☐E ☐W OF _____
Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.

SYSTEM VEHICLE (Whether Owned or Non-Owned)

DRIVER INFORMATION

Is Vehicle Drivable (Yes or No) _____ If no, current location _____

Year _____ Make & Model _____ Plate No. _____

V.I.N. _____ Unit No. _____ Seat Belts In Use _____ (Yes or No)

Vehicle Owner _____ Driver Department _____

Driver _____ System Employee? (Yes or No) _____

Cell No. _____ Work No. _____ DOB _____ DL No. & State _____

Towing Trailer (Yes or No) _____ If Yes, Owner _____

Trailer Yr., Make, Model _____ Plate No. _____

OTHER VEHICLE

DRIVER INFORMATION

Year _____ Make & Model _____ Plate No. _____

V.I.N. _____ Is Vehicle Drivable (Yes or No) _____

Driver _____ Address (Include City and State) _____ Phone _____

Owner _____ Address (Include City and State) _____ Phone _____

Driver's DOB _____ DL No. & State _____

Insurance Co. Policy No.

Insurance Co. Phone No.

PROPERTY DAMAGE (Not Vehicle)

Describe Property _____

Owner _____ Address _____ Phone _____

Describe Damage _____

WITNESSES OR PASSENGERS

	Phone	PED	SYS Veh	Other Veh	Witness	Other (Explain)
Name & Address _____		☐	☐	☐	☐	
Name & Address _____		☐	☐	☐	☐	
Name & Address _____		☐	☐	☐	☐	

POLICE REPORT

Police Report
Yes ☐ No ☐ If yes, which agency _____

Case No. _____ Phone Number _____

PURPOSE OF TRIP

Was System Vehicle in Emergency Response? ☐ Yes ☐ No **If Yes: Were Lights Activated** ☐ Yes ☐ No **If Yes: Was Siren Activated** ☐ Yes ☐ No

Brief Explanation of Trip Purpose (Why were you driving the vehicle):

NARRATIVE OF INCIDENT

Briefly describe how incident occurred (Driver's Statement) *Use separate page if necessary*

DIAGRAM

Use separate page if necessary

Indicate North

C O M P L E T E

INCIDENT TYPE

Check Applicable Box or Boxes

- ☐ Backed Into By OV
- ☐ Backed Into OV
- ☐ Blow Out
- ☐ Changing Lanes Collision
- ☐ Collision with Animal
- ☐ Collision with Fixed Object
- ☐ Collision with Parked Vehicle
- ☐ Collision with Bicyclist or Pedestrian
- ☐ Failed to Control Speed
- ☐ Failed to Yield Right of Way
- ☐ Fatigue or Fell Asleep
- ☐ Fire ☐ Theft ☐ Vandalism ☐ Glass/Windshield
- ☐ Hail ☐ Wind
- ☐ Head-on Collision
- ☐ Hit and Run Collision
- ☐ Jack-Knifed
- ☐ Load Not Secured
- ☐ Loading/Unloading
- ☐ Opened Door Into OV
- ☐ Property Hit by OV
- ☐ Ran Red Light/Stop Sign
- ☐ Rear-End Collision
- ☐ Slid on Ice/Rain
- ☐ Struck Road Hazzard
- ☐ Other _____

Driver's Signature _____ Date _____

PLEASE NOTE: You **must** notify Risk Management by creating a new incident in Origami, including a scan of completed MVAR, within **48 hrs**.

For further information or support, please contact your Vehicle Coordinator or System Risk Management.
You can also visit System Risk Management's web site http://www.tamus.edu/business/risk-management/