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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF INCIDENT** | Date Of Day of AM Incident Week Hour PM | | | | | | | |
| **LOCATION** | Highway/Street/Road on which  Incident Occurred  County City or Town State  AT ITS INTERSECTION WITH IF NOT INTERSECTION FEET OF  N S E W Show intersecting street or highway, house no., bridge, RR crossing, alley,  driveway, culvert, milepost, underpass, or other landmark. | | | | | | | |
| **OF** |
| **INCIDENT** |
| **SYSTEM** | 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. | | | | | | | |
| **VEHICLE** |
| **(Whether Owned** |
| **or Non-Owned)** |
| **DRIVER** |
| **INFORMATION** |
| **(Property struck by** |
| **vehicle, see “Property** |
| **Damage” below)** |
| **OTHER VEHICLE** | Year Make & Model Plate No.  V.I.N. Is Vehicle Drivable **(Yes or No)**  Driver Address Phone  (Include City and State)  Owner Address Phone  (Include City and State)  Driver’s DOB DL No. & State  Insurance Co. Policy No. Insurance Co. Phone No. | | | | | | | |
| **DRIVER**  **INFORMATION** |
| **(Other Vehicle involved in incident)** |
| **PROPERTY DAMAGE**  **(Not Vehicle)** | Describe Property Owner Address Phone  Describe Damage | | | | | | | |
| **WITNESSES OR PASSENGERS** | Name & Address Name & Address  Name & Address | Phone | PED | SYS  Veh | Other Veh | Witness | Other (Explain) |  |
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**System Form 9 Complete Information on Next Page**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | |
| **NARRATIVE OF INCIDENT** | **Briefly describe how incident occurred (Driver’s Statement)** *Use separate page if necessary* | | | | | | |

**C O M P L E T E**

|  |
| --- |
| **DIAGRAM**  *Use separate page if necessary* |
| ***Indicate North*** |

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

**Driver’s Signature** Date

**PLEASE NOTE:** You must notify Risk Management by creating a new incident in Origami, along with a scan of the MVAR, within **48 hours**.

**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/**](http://www.tamus.edu/business/risk-management/)