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 Day of AM Incident Week Hour PM |
| **LOCATION** | Highway/Street/Road on whichIncident 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 & AddressName & Address | Phone | PED | SYSVeh | 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**

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

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| **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/)