UT Arlington Vehicle Accident Report

VEHICLE

WITNESSES

Driver	Name
Address	Address
Driver's License No.	Phone
Home Phone Dept. Phone	
Year Make Body	Name
License Tag No EXEMPT	Address
UT Arlington Vehicle No	
Vehicle I.D.No	Were Police present?
Extent of Damages:	Police Department Name
	PD Report Number:
Towed by: (company)	· · · · · · · · · · · · · · · · · · ·
	ACCIDENT
	AMPM Streets: (Wet) (Dry)
Intersection of/ mid-block	
Direction: Your vehicleS	peed? Side of Street?
	Speed? Side of Street?
Report Date , 20	Drive

OTHER VEHICLE/ PROPERTY

Registered Owner			
Address			
	Zip		
Driver		Age	
Driver's License No.	Phone		
Year Make		Body	
License No.	State	20	
License No Vehicle No. (If Commercial) _			
Current Safety Sticker?	[] Yes	[] No	
Extent of Damage?			
Towed by			
Occupants Other Vehicle			
Insurance Company			
Policy Number			
Agent (name/phone)			
INJURED PERSON(S)			
Name		Age	
Address			
Hospital			
Doctor			
Injuries			
Nama		Aga	
Name			
Address			
Hospital			
Doctor			
Injuries			

IN CASE OF AN ACCIDENT

Be Courteous - Be Calm

IF YOU ARE INVOLVED IN AN ACCIDENT:

- 1. Call an ambulance for anyone seriously injured.
- 2. Secure names and address of all persons in the other car.
- 3. Be sure to obtain names and addresses of all witnesses.
- 4. Obtain license number and state of registration of other vehicle(s) involved.
- 5. DO NOT ADMIT RESPONSIBILTY nor sign any statement except for our claim representative.
- 6. DO NOT DISCLOSE YOUR POLICY LIMITS TO ANYONE.
- 7. Report immediately to your department, UTA Police (if on or near campus, ext. 2-3381), and EH&S at 817-272-2185.
- 8. If there is damage to the university vehicle or other vehicle or property, make sure a Police Department investigates the accident and obtain the police report number.

REPORT

By telephone if accident involves injury or the vehicle must be towed.

As soon as possible after accident, send this completed report to the UTA Environmental Health & Safety Office at Box 19257 or ehsafety@uta.edu.