

SUU VEHICLE ACCIDENT REPORT

Date of Accident: _____ Time: _____

Street Address of Accident: _____ City: _____ State: _____ Zip: _____ Travel direction: _____

Road and weather condition: _____ Estimated speed you were traveling: _____ MPH

Were you on or off pavement: _____ Were you on a cell phone: _____ Was your vehicle unoccupied: _____

SUU Vehicle:

License Plate # _____ VIN # _____ Year: _____

Make/Model: _____

Department: _____ Dept. Phone: _____

Driver: _____ Driver's License# _____

Driver's License Expiration Date: _____

Driver's Address: _____ Home Phone: _____

Work Phone: _____

Purpose of SUU vehicle use: _____

Accident Details: Brief description of accident- _____

Were the police contacted? _____ Investigating Officer: _____ Agency: _____

Citation issued? Yes _____ No _____ To Whom: _____

Was there a fatality: SUU Other vehicle

Description of damages: _____

Name of Injured and description of injury: _____

Witness to Accident / not passenger: (Name, address, phone) _____

Other Vehicle:

Driver: _____ Drivers License #: _____

Driver's Address: _____ Home Phone: _____

Work Phone: _____ License Plate #: _____ Year: _____

Make/Model: _____ Insurance Co. _____

Policy #: _____ Agent's Name: _____ Phone: _____

Description of damages: _____

Name of Injured and description of injury: _____

Signature of person completing report: _____

Send to SUU Motor Pool/Fax 435-865-8356