

UNIVERSITY OF MISSOURI

Columbia - Kansas City - Rolla - St. Louis - UM - Hospital

VEHICLE ACCIDENT REPORT

This report is to be completed in the event any of the following vehicles are involved in an accident. (1) any University-owned vehicle; (2) any employee-owned vehicle used on official University business; and (3) any vehicle rented or leased by or for the University. This form is to be typed (original only). The Department Chairperson or Supervisor should complete the Supervisor's Report of Accident Investigation section, and forward to the Campus Claims Coordinator within 48 hours after the accident.

1 - Date Report Prepared	2. Information Supplied By (Driver Signature)	3. Department Name
4. Department Telephone	5. Date of Accident	6. Time of Accident _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
7. Place of Accident (city, state; if on a highway, give number and nearest community)		

DRIVER INFORMATION

UNIVERSITY VEHICLE		OTHER VEHICLE OR PROPERTY	
8. Driver's Name	9. Driver's Age	14. Driver's Name	15. Driver's Age
10. Driver's University Address		16. Driver's Address	
11. University Telephone	12. Driver's or Chauffeur's License Number		
13. Purpose for which vehicle was being used		17. Driver's Telephone	18. Driver's or Chauffeur's License Number
		19. If driver was not the owner, give owner's name and address Insured By (name of insurance company) Insurance Agent (name, address and telephone number)	

INJURED

NAME AND ADDRESS	AREA CODE & PHONE	PED.	UM VEH.	Other
20.				
21.				
22.				

WITNESSES OR PASSENGERS

NAME AND ADDRESS	AREA CODE & PHONE	UM VEH.	OTHER
23.			
24.			

ACCIDENT INFORMATION

25. Was a law enforcement agency notified? If so, name of agency
26. Was citation issued as a result of accident? If so, to whom issued and for what reason?
27. Brief description of accident (speed, traffic, road conditions, seat belts, signals, etc.)

LOSS INFORMATION

UNIVERSITY VEHICLE		OTHER VEHICLE OR PROPERTY	
28. Year, Make and Model of Car	29. License Number and State	36. Year, Make and Model of Car	37. License Number and State
30. Vehicle Identification Number	31. <input type="checkbox"/> Official Car <input type="checkbox"/> Private/Leased Car	38. Describe Damage to Vehicle	
32. Used With Permission <input type="checkbox"/> Yes <input type="checkbox"/> No			
33. Describe Damage to Vehicle			
Please note - For items 34, 35, 39, & 40, if information is not readily available, do not delay report, simply forward repair estimates as soon as possible			
34. Name and address where vehicle was taken for repair		39. Name and address where vehicle was taken for repair	
35. Estimated Cost to Repair \$		40. Estimated Cost to Repair \$	

SUPERVISOR'S REPORT OF ACCIDENT INVESTIGATION

INDICATE Use one of these outlines to sketch the scene of your accident;
NORTH OUTLINE ROADWAY WITH SOLID LINES AND IDENTIFY
BY ARROW ALL STREETS

LIGHT
(Check one)

 Dawn Daylight
 Darkness-street lighted
 Darkness-street not lighted
 Dusk

WEATHER
(Check one)

 Clear Raining
 Snowing Fog

Specify Other

ROAD CHARACTER
(Check two)

 Level Hillcrest
 On Grade Curve
 Straight Road

ROAD SURFACE
(Check one)

 Dry wet
 Snowy Muddy
 Icy

UNSAFE DRIVING ACT

<table style="width: 100%; border: none;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td>Driving too fast--or too slow</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Did not grant right of way</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Followed too closely</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper passing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>On wrong side of road or lane</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Failed to give proper signal</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper turn</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Disregarded stop and go light</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Disregarded stop sign</td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Driving too fast--or too slow	<input type="checkbox"/>	<input type="checkbox"/>	Did not grant right of way	<input type="checkbox"/>	<input type="checkbox"/>	Followed too closely	<input type="checkbox"/>	<input type="checkbox"/>	Improper passing	<input type="checkbox"/>	<input type="checkbox"/>	On wrong side of road or lane	<input type="checkbox"/>	<input type="checkbox"/>	Failed to give proper signal	<input type="checkbox"/>	<input type="checkbox"/>	Improper turn	<input type="checkbox"/>	<input type="checkbox"/>	Disregarded stop and go light	<input type="checkbox"/>	<input type="checkbox"/>	Disregarded stop sign	<table style="width: 100%; border: none;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td style="width: 20px;"><input type="checkbox"/></td><td>Disregarded other traffic control</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper starting from parked position</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper backing maneuver</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other improper actions _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No improper driving or parking</td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Disregarded other traffic control	<input type="checkbox"/>	<input type="checkbox"/>	Improper starting from parked position	<input type="checkbox"/>	<input type="checkbox"/>	Improper backing maneuver	<input type="checkbox"/>	<input type="checkbox"/>	Other improper actions _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	No improper driving or parking
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CAUSE OF UNSAFE DRIVING ACT

<input type="checkbox"/>	<input type="checkbox"/>	Driving under the influence of intoxicants
<input type="checkbox"/>	<input type="checkbox"/>	Untrained or unskilled
<input type="checkbox"/>	<input type="checkbox"/>	Abstracted-thinking of job details
<input type="checkbox"/>	<input type="checkbox"/>	Hurry or impatience
<input type="checkbox"/>	<input type="checkbox"/>	Irritated-by another driver, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Distracted
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue-long driving, lack of sleep
<input type="checkbox"/>	<input type="checkbox"/>	111-physical weakness
<input type="checkbox"/>	<input type="checkbox"/>	Other causes: _____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	No unsafe driving act

UM VEH. Other UM VEH. Other UM VEH. Other UM VEH. Other
 Seat Belts Worn? Yes - No-

What action has or will be taken to prevent recurrence: (Attach a separate sheet if more space is needed):

MoCode: _____ Deductibles: \$500 for liability for owned or rented and collision claims;
\$250 for comprehension; \$0 for physical damage to a rental automobile

Supervisor's Signature	Title	Date
Campus Claims Coordinator's Signature	Title	Date