Oklahoma City University Vehicle Accident Report

Employee Name:	**Date of Accident:**	**Date Reported:**
Time of Accident:	**Time Workday Began:**	**Employee D.L. #**
Phone# (Work)	**Vehicle Make/Model:**	**Vehicle License Plate #**

If employee sustained injuries complete an Injury Report and send to Human Resources

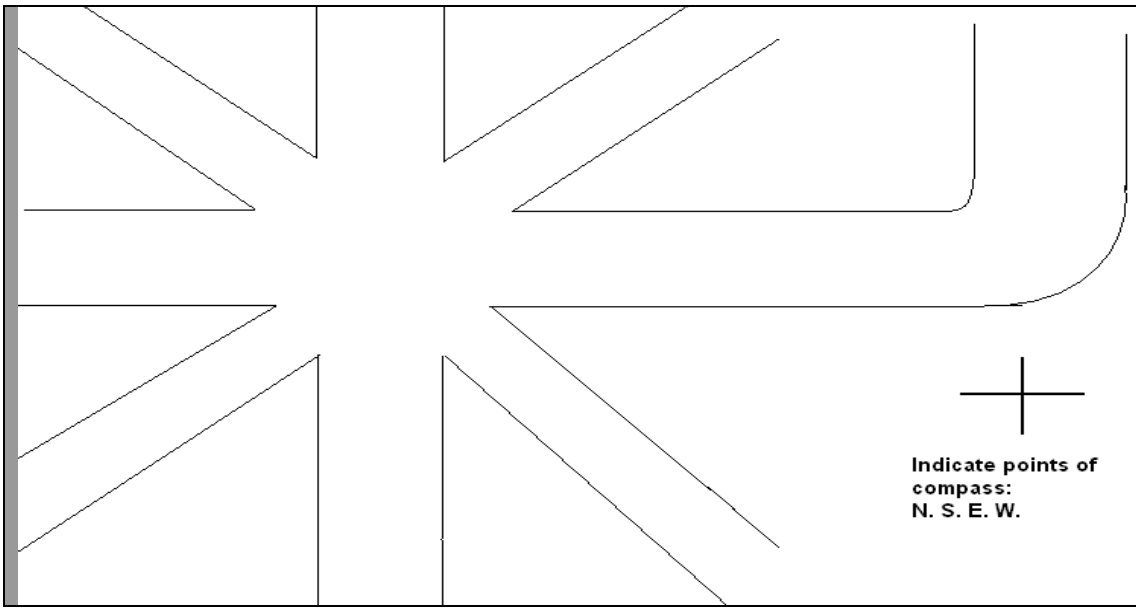
	Department	
Department Name:	Department Head:	Department Head Phone#
Departments are responsible for any applicable deductibles or other expenses for damaged vehicles or property.		

Road Surface		**Light**	**Weather**	
☐ Paved	☐ Dry	☐ Daylight	☐ Clear	☐ Fog/Smoke
☐ Asphalt	☐ Wet	☐ Dawn/Dusk	☐ Raining	☐ Hail
☐ Gravel	☐ Snowy/Icy	☐ Dark No Light	☐ Snowing	☐ Other
☐ Dirt	☐ Other	☐ Dark Artificial Light	☐ Sleet/Ice	

	Accident Type	
☐ Head on	☐ Hit stationary object/enclosure	☐ Hit Pedestrian
☐ Turning Accident	☐ Hit parked vehicle	☐ Chemical/Material spill
☐ Sideswipe	☐ Backing-Hit object/vehicle	☐ Ran off road
☐ Rear-End University hit other	☐ Right angle (intersection)	☐ Jack knife
☐ Rear-End University hit by other	☐ Towing/Pushing	☐ Overturn
☐ Hit overhead object	☐ Object fell/flew from vehicle	☐ PITT Maneuver
		☐ Other

	Accident Cause	
☐ Following too close	☐ Improper backing	☐ Failure to properly secure load
☐ Failure to signal	☐ Improper lane usage	☐ Unsafe loading or unloading
☐ Speed to fast	☐ Improper parking	☐ Mechanical failure
☐ Disregard traffic signal/sign	☐ Improper turning	☐ Tire failure
☐ Improper passing	☐ Misjudged clearance	☐ Other

Passengers in University Vehicle (attach list if needed)				
Name	Address	Phone #	Nature of Injuries	Employee/Student
1.				
2.				
3.				
Passengers in Other Vehicle				
Name	Address	Phone #	Nature of Injuries	Employee/Student
1.				
2.				
3.				
4.				



Show on diagram the position of each car, vehicle or injured person, indicating by arrow the direction of each.

If street or view is obstructed in any way, indicate where and how. Also indicate any railroad tracks, traffic signals, or signs.

Other Vehicle Information **Questions below are in reference to "Other" party damages, injuries, etc.**		
Name:	D.L. #	Date of Birth:
Address:	City/State:	Zip:
Home Phone:	Other Phone:	Tag # & State:
Vehicle make/model/year:		VIN#:
Insurance Company:		Policy #:
Agents Name:	Agents Phone#	

Investigating Officer Information		
Officer Name:	Badge #:	Agency:
Citation issued to University driver? ☐Y ☐ N	Citation type:	
Citation issued to other driver? ☐Y ☐ N	Citation type:	

List any witness information below:			
Name:	Address:	City/State:	Phone#
Name:	Address:	City/State:	Phone#

Explanation of how accident occurred:

Employees Name: Print _____ Sign_____ Date: _____

Supervisors Name: Print_____ Sign_____ Date: _____