

VEHICLE ACCIDENT REPORT

This report must be filed regardless of amount of damages

Driver's License # _____
Traveler's Insurance Claim # _____

I. DRIVER & STATE OWNED VEHICLE
Name: _____ Department: _____ Office Phone: _____
Home Address: _____ Vehicle Color: _____
Year: _____ Make: _____ Serial No: _____ License Plate No: _____
Describe damage to state owned vehicle: _____

II. SECOND PARTY & NON-STATE VEHICLE
Owner: _____ Driver (if not owner: _____
Address: _____ Address: _____
Driver License No: _____ Home Phone: _____ Vehicle Color: _____ Home Phone: _____
Type Vehicle: _____ Year: _____ Make: _____ License No: _____ Insurance Co: _____ Policy No: _____
Describe damage to non-state vehicle: _____

III. INJURED:
Name: _____ Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Describe Injuries: _____ Describe Injuries: _____

IV. ACCIDENT
Location: (Street(s), City, County) _____
Date: _____ Time: _____ Investigating Officer: _____
Describe accident in detail (use back of form to continue/diagram accident): _____

V. WITNESSES
Name: _____ Name: _____
Address: _____ Address: _____

Return to: UNC Charlotte
Facilities Management – Automotive Supervisor
9201 University City Blvd.
Charlotte, NC 28223
704-687-2212 , FAX 704-687-3171

Signature, state owned vehicle driver: _____
Date: _____

Automotive inspection: circle one: Safety Operational Cosmetic
Detail damages:
Mechanic _____ Date _____