

**COLLISION INFORMATION**

ON Campus       OFF Campus

Location: \_\_\_\_\_  
\_\_\_\_\_

Police Notified?

Yes       No

Police Department:

TX State       San Marcos

Other: \_\_\_\_\_

Officer's Name:
Officer's Badge Number:
Officer's Phone Number:

**2nd PARTY INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
TDL #: \_\_\_\_\_

**INSURANCE COMPANY INFORMATION:**

Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Vehicle: \_\_\_\_\_  
Plate #: \_\_\_\_\_  
State: \_\_\_\_\_ Yr: \_\_\_\_\_

**BRIEF DESCRIPTION OF ACCIDENT**

*Tell how the accident occurred and any information you feel contributed to accident.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INJURIES**

Was anyone injured?     Yes     No  
If so, who?

\_\_\_\_\_  
\_\_\_\_\_

First Aid administered?     Yes     No  
If so, by who?

\_\_\_\_\_  
\_\_\_\_\_

Did Airbag deploy?     Yes     No

**DRIVER'S SIGNATURE:**

\_\_\_\_\_  
Date: \_\_\_\_\_

**PROPERTY DAMAGE:**

*(Guard rail, utility pole, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESS INFORMATION:**

(1) Name:
Address:
Phone Number (Home): _____
Phone Number (Work): _____
Driver's Licence Number: _____
State Issued: _____

(2) Name:
Address:
Phone Number (Home): _____
Phone Number (Work): _____
Driver's Licence Number: _____
State Issued: _____

**SUPERVISOR'S STATEMENT**

Vehicle # \_\_\_\_\_

*How and why accident occurred:*

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**Supervisor's Signature:**

Date: \_\_\_\_\_

*If injury:*

<b>Unit/Department Safety Officer's Signature:</b>
<b>Department Head/Account Manager's Signature:</b>

**Texas State University-San Marcos**

**Vehicle Accident / Incident Report**

*(To be completed by vehicle driver)*

**Driver Information: (Please Print)**

Name:
Driver's Licence Number:
Department Name:
Department Phone:
Supervisor Name:

Student\*     Staff     Faculty

\*Student Address: \_\_\_\_\_

\*Student Phone: \_\_\_\_\_

**University Vehicle Information:**

Vehicle Number: \_\_\_\_\_

License Plate: \_\_\_\_\_

Make / Model: \_\_\_\_\_

Year: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

PD Case Number: \_\_\_\_\_