SUPERVISOR'S STATEMENT

How and why accident occurred:

Supervisor's Signature:

Date:

If injury:

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

Please complete this form, fold, staple/tape and send original to Facilities Management, PPA 143. We will distribute to Environmental Health, Safety & Risk Management.

Drive Safely!

Please fold, staple/tape, and return to:

Facilities Management Department
PPA 143
Texas State University

Texas State University

Vehicle Accident / Incident Report

(To be completed by vehicle driver)

Driver Information: ***(Please Print)***

Name:
Driver's License 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:

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 #:

2nd Party Insurance Company Information:

Name:

Policy #:

Phone #:

2nd Party Vehicle Information:

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 whom?

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 License Number:
State Issued:

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

For Facilities Management Office Use Only:

Date form received in Facilities Management
AiM Work Order #
Date form received in Facilities Garage
Facilities Garage vehicle repair estimate
Date sent to Environmental Health, Safety & Risk Management
Date check received from insurance company *(if applicable)*
Date check deposited
Account Number for deposit