

VALDOSTA STATE UNIVERSITY VEHICLE ACCIDENT REPORT

If involved in a vehicle accident, please complete as much information as possible and fax to Risk Management (229) 333-2159 within 24 hours of incident.

Accident Information

1. Date of Incident	2. Incident Time	
3. Incident Location	4. City and County	
5. Description of the incident (Direction each vehicle was traveling, weather conditions, and details of the accident. Continue on reverse if required)		
6. Police Authority Contacted	7. Officer's Name	8. Report #
9. Citation(s) Issued	10. To Whom	
11. State Vehicle Make Model Tag # VIN#	12. State Vehicle Driver Name Address Home Phone Work Phone Department Injuries	
13. Other Vehicle (If more than one other vehicle is involved, put info on reverse) Make Model Tag # Insurance Co. Policy #	14. Other Vehicle Driver Name Address Home Phone Work Phone Employer Injuries	
15. Passengers: If there were passengers in any of the vehicles, include the same information required for the vehicle driver on the reverse side.		
16. Witness Name Address Phone	17. Witness Name Address Phone	

NAME _____ **PHONE NUMBER** _____

Accident Information Continuation Sheet