

# VALDOSTA STATE UNIVERSITY VEHICLE ACCIDENT REPORT

If involved in a vehicle accident, please complete as much information as possible and return via email to riskadmin@valdosta.edu within 24 hours of the 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 the following page.)	
6. Confirm that the driver was operating within the scope of duties during the time of the incident.	
7. Police Authority Contacted: 8. Officer's Name: 9. Report #: 10. Citation(s) Issued: 11. To Whom:	12. State Vehicle Details Make: Model: Tag #: VIN#:
13. State Vehicle Driver: Name: Address: Home Phone: Work Phone Department: Injuries:	13. Other Vehicle Details (If more than one other vehicle is involved, please describe in section 14) Make: Model: Tag #: Insurance Co.: Policy #:
14. Other Vehicle Driver Name: Address: Home Phone: Work Phone: Employer: Injuries:	15. Additional Passengers: If there were passengers in any of the vehicles, include the same information required for the vehicle driver on the following page.
16. Witness Name: Address: Phone:	17. Witness Name: Address: Phone:
<b>Reporter's Name</b> _____ <b>PHONE NUMBER</b> _____	

**Accident Information Continuation Sheet**