



## VEHICLE ACCIDENT REPORT

**General Information**

Department making report: \_\_\_\_\_  
 Manager/supervisor name: \_\_\_\_\_  
 Manager/supervisor phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Date of accident: \_\_\_\_\_  
 Employee involved in accident (Driver's Name): \_\_\_\_\_

**UEI Vehicle**

UEI vehicle involved in accident: \_\_\_\_\_ Lic #: \_\_\_\_\_  
 Number of passengers in UEI vehicle: \_\_\_\_\_  
 Name(s) of passengers in UEI vehicle:  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) \_\_\_\_\_  
 Describe damage to the UEI vehicle (Be specific): \_\_\_\_\_  
 \_\_\_\_\_

**Other Vehicle**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year #: \_\_\_\_\_  
 Other vehicle involved in accident: \_\_\_\_\_ Lic. #: \_\_\_\_\_  
 Number of passengers in other vehicle: \_\_\_\_\_  
 Name(s) of passengers in other vehicle:  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) \_\_\_\_\_  
 Describe damage to the UEI vehicle (Be specific): \_\_\_\_\_  
 \_\_\_\_\_

How did the accident occur? \_\_\_\_\_  
 \_\_\_\_\_

Location where the accident occurred: \_\_\_\_\_  
 Were the police called? Agency: \_\_\_\_\_ Report #: \_\_\_\_\_

\_\_\_\_\_  
 Driver Signature Date

\_\_\_\_\_  
 Dept. Supervisor/Manager Signature Date