

Vehicle Accident Report Form



All vehicle accidents in a state vehicle or in a personal vehicle being driven on state business must be reported within 24 hours to the state by calling 855-253-0629 and submitting this form to :
Environmental Health and Safety, 324 Scates Hall

You may submit the file using the button at the bottom of the second page or email it directly to ehs@memphis.edu and benefits@memphis.edu

Section I: Employee Personal Information

First Name _____ Last Name _____
UID _____ Date of Birth _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Driver's License Number _____

Section II: Employee Position Information

Job Title _____
Department _____
Building _____ Hire Date _____
Supervisor Name _____
Supervisor Title _____
Supervisor Phone _____

Employee Status
Full-time Exempt
Full-time Hourly
Part-time
Student

Section III: Accident Information

Date accident occurred _____ Date employer notified of accident _____
Location of accident (street names,etc.) _____
Additional location details (examples: parking lot, sidewalk, etc.) _____
Time employee began work _____ A.M. _____ P.M.
Time incident occurred _____ A.M. _____ P.M.
Location from which employee left _____
Destination _____
Did the police respond? Yes _____ No _____ If yes, responding department _____
Police report number (if applicable) _____

Section IV: Additional Information

Was the employee driving a university vehicle ? Yes _____ No _____
Was the employee "on the clock" when the accident occurred? Yes _____ No _____
Was the employee on a personal errand (going to lunch, etc.)? Yes _____ No _____
Are there any restrictions on the employee's driving authorization? Yes _____ No _____



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Section V: Details about the accident

Describe the work purpose for driving the vehicle. Include any details regarding authorization to drive for work purposes and any special instructions the driver received.

Describe the accident. What happened that caused the accident? Include any details that were given to local authorities or to other parties involved in the accident.

Describe the results of the accident. Were there injuries to employees (if so, also complete the injury form) or others? What happened to the vehicle(s) after the accident (where were they towed or left)? Include required photos.

Section VI: Signatures

Employee

Date

Supervisor

Date

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employee to the extent possible while the information is being used for occupational safety and health purposes.