# VEHICLE ACCIDENT REPORT FORM

**IN THE EVENT OF AN ACCIDENT, Please complete as much information as possible. Return completed form via email to GTFleet@gatech.edu OR fax (404) 385-2401, within 24 hours of incident.**

## Driver/Vehicle Information

| Name of Driver (first and last) | Driver's Age | Driver License No. | State |
|---|---|---|---|
| | | | |

| Driver's Address – Street | City | State | Zip | Telephone No. |
|---|---|---|---|---|
| | | | | ( ) |

| Department/Area | GT ID# |
|---|---|
| | |

| Supervisor Name | Supervisor Email Address |
|---|---|
| | |

| Department Address/Location | City | State | Zip | Telephone No. |
|---|---|---|---|---|
| | | | | ( ) |

| Vehicle Make | Vehicle Model | Year | License Plate # | Vehicle Number(GT Issued) |
|---|---|---|---|---|
| | | | | |

Damage to Vehicle:

## Accident Information

| Date of Accident | Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun | Time of Accident AM / PM | Location - Street or Highway & City |
|---|---|---|---|
| | | | |

| On what street were you driving? | Direction (circle one) N S E W | Speed (approximate) |
|---|---|---|
| | | |

| On what street was other vehicle driving? | Direction (circle one) N S E W | Speed (approximate) |
|---|---|---|
| | | |

| Police Report? ☐ Yes ☐ No | If yes, name of reporting officer | Agency (*GTPD or Other:*) | Citation/Report # |
|---|---|---|---|
| | | | |

| Net Claims Report? ☐ Yes ☐ No | If yes, name of representative | Citation/Report # |
|---|---|---|
| | | |

| Witness #2 Name (first and last) | Telephone No. ( ) | Email Address |
|---|---|---|
| | | |

Description of Accident (include weather and road conditions):

## Passenger(s) in Your Vehicle *(attached additional pages if needed)*

| Name (first and last) | Telephone No. ( ) | Email Address | Age | Injuries? ☐ Yes ☐ No |
|---|---|---|---|---|
| | | | | |
| Name | Telephone No. ( ) | Email Address | Age | Injuries? ☐ Yes ☐ No |
| | | | | |
| Name | Telephone No. ( ) | Email Address | Age | Injuries? ☐ Yes ☐ No |
| | | | | |

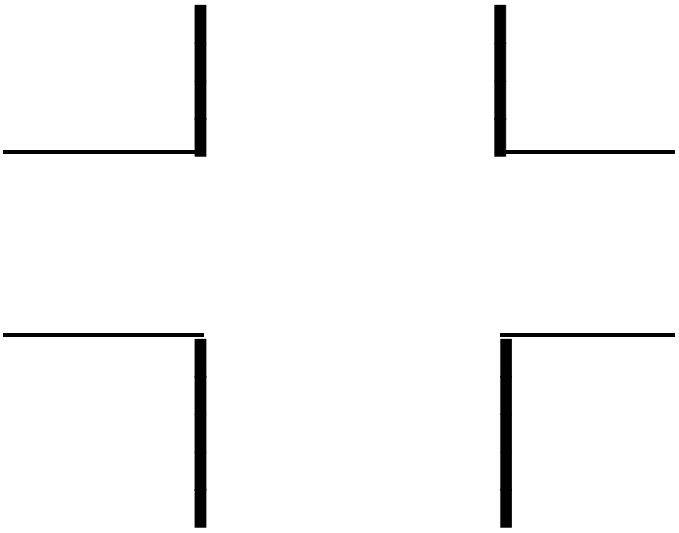
| Ambulance called to scene? ☐ Yes ☐ No | Name of doctor or hospital |
|---|---|
| | |

## Other Vehicle Involved

| Name of Driver (first and last) | | Driver License No. | State |
|---|---|---|---|
| Address - Street | City/State/Zip | Telephone No. ( ) | Email Address |
| Year/Make of Vehicle | Body Type | License Plate No. | State |
| Damage to Vehicle: | | | |

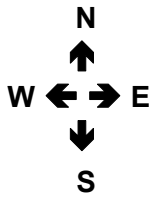
| Passenger's Name (first and last) | Telephone No. ( ) | Email Address | Age | Injuries? ☐ Yes ☐ No |
|---|---|---|---|---|
| | | | | |

**On the diagrams below, please draw the accident.**
(Be sure to include any stop signs or traffic signals.)



**Legend:**

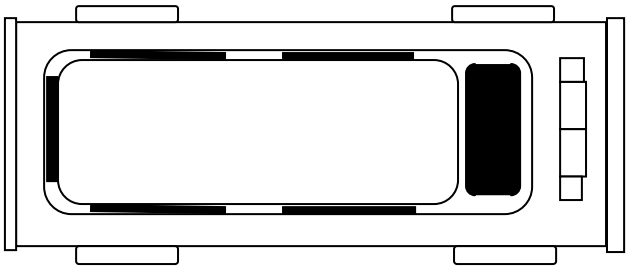
V 1 ▶ Your Vehicle
V 2 ▶ Other Vehicle
V 3 ▶ Other Vehicle (if any)



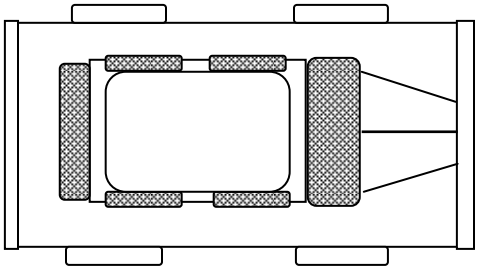

Additional Notes regarding diagram:

**On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.**

**back ---------- VAN ---------- front**



**back ---------- AUTO ---------- front**



**Driver Signature** **DATE**

**Supervisor Signature** **DATE**

**Office of Fleet Services** **DATE**

## Provide additional notes here: