

**ANGELO STATE UNIVERSITY  
VEHICLE ACCIDENT  
INVESTIGATION**

SECTION I:

Date of Accident		Time of Accident a.m. p.m.	
Name and Address of Employee Involved			
Department	Location	Doing his regular job? Yes No	Police Contacted? Yes No
Year/Model of Vehicle	Type of Vehicle	License Number	Inventory Number

SECTION II:

Description of Accident	
Did you see this Accident? Yes No	Witnesses:
<b>UNSAFE CONDITION:</b> What was the unsafe condition? Why did the unsafe condition exist?	
<b>UNSAFE ACTS:</b> What did anyone do or fail to do that led to this accident? Indicate reasons.	
What action has been or should be taken to prevent a similar accident?	
Was the driver trained to safely operate a motor vehicle? YES NO	
If no, why not?	
Date:	Supervisor:

## REVIEW BY MANAGER AND DEPARTMENT HEAD

Section III:

Recommendations for additional action	
Supervisor's recommendations approved	
Yes	No
Additional recommendations	
Additional action to be taken	
Manager	Date
Department Head	Date