



VEHICLE ACCIDENT INVESTIGATION FORM

SECTION I: Insured (ASU) Vehicle

Date & Time of Accident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Accident _____ _____	
Driver's Name /Home & Office Phone # _____ H: _____ O: _____	Department, Supervisor Name, & Office Phone # _____ _____	
Driver's License # / State _____	Official Business <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Contacted <input type="checkbox"/> YES <input type="checkbox"/> NO Report # _____
Vehicle Year/Make/Model _____	Vehicle License # _____	VIN _____
Description of Damage _____ _____ _____		When & Where Vehicle Can Be Seen _____ _____
Description of Accident _____ _____ _____ _____		

SECTION II: Property Damage (Not ASU Vehicle)

Insurance Company Name & Phone # _____ _____	Policy # (Property/Auto) _____
Property Owners Name & Address _____ _____	
Describe Property (If Vehicle; Year/Make/Model/License #) _____ _____	

SECTION III: Injured Parties (*Record on separate page if necessary*)

Injured Party <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> In Other Vehicle <input type="checkbox"/> Pedestrian	Name & Phone # _____ _____
Description of Injury _____ _____	
Injured Party <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> In Other Vehicle <input type="checkbox"/> Pedestrian	Name & Phone # _____ _____
Description of Injury _____ _____	



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SECTION IV: Passengers or Witnesses *(Record on separate page if necessary)*

Name & Phone #	Address	Your Vehicle	Other Vehicle	Statement Attached
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V: Supervisor Assessment

UNSAFE CONDITIONS: Was there an unsafe condition? If so, why did the unsafe condition exist?

UNSAFE ACTS: What did anyone do or fail to do that led to this accident? Indicate specific reasons.

What action has been or should be taken to prevent a similar accident from occurring?

Did the driver meet all state/university eligibility criteria and accomplish required training to operate a motor vehicle?

YES NO

If no, why not? _____

Supervisor

Date

SECTION VI: Department Head Assessment

Supervisor's Recommendations Approved:

YES

NO

Additional Recommendations or Actions: _____

Department Head

Date

In addition to this form, please forward a copy of the police report and any witness statements to the Office of Environmental Health, Safety & Risk Management within three business days of the accident.