UNIVERSITY OF KENTUCKY VEHICLE ACCIDENT REPORT FORM

This form must be submitted by the supervisor no later than the end of the next working day after the accident.

ACCIDENT INFORMATION

Date (use pull down)  Time (Use 24 hour Clock)  Location Of Accident (Include city & state)

Police Department Reported (Can Be Submitted Later)

Origin & Destination Of Your Trip  Police Case Number

UK VEHICLE & DRIVER INFORMATION

Make  Model  Year  Serial Number  License Plate Number  Fleet Number

This information can be found on the vehicle and the registration paper.

Name Of Driver  Home Address (include city & state)  Phone (Home -Include Area Code)

Department Where Employed  Office Address  Phone (office - Include Area Code)

Driver's License Number  UK ID Number  Describe Vehicle Damage

OTHER VEHICLE OR PROPERTY

Make  Model  Year  License Plate Number  Insurance Carrier & Address

Name of Driver  Address (include city & state)  Phone (Include Area Code)

Name of Owner  Address (include city & state)  Phone(Include Area Code)

ACCIDENT

Description of Accident (Limited to 255 characters)

Additional 255 characters for Description of Accident

INJURIES AND WITNESSES

Were there any injuries?  ☐ Yes  ☐ No  Were there any witnesses?  ☐ Yes  ☐ No  Names (use dash between names):

All accidents are subject to review by the University Accident Review Board to determine if it was preventable or non-preventable.

SUPERVISOR SIGNATURE

Supervisor's Name  UK ID Number  Department Number

Print Form First For Your Copy  Print Form Then Submit By Email

been reviewed with the driver and the information

Revision Date: April 2011