WAKE FOREST UNIVERSITY

Confidential

Vehicle Accident Report

Name of Driver:	Department:
Other party involved? (Circle one) Yes No	Name of other party:

Submit this and driver exchange forms to the Environmental Health & Safety Office **immediately** following the accident

WFU Driver:
☐ Male
☐ Female

Type of WFU-Owned Vehicle (circle) Van Truck Car Off-Road Vehicle

Other: ____ Rental for WFU Business

If WFU Vehicle, is it ___assigned ____ loaned for temporary use?
Is it for your use "*on campus property*" only? Yes No

Employee Home Address (street, city, state, zip):		Home Phone #: WFU Phone #
Faculty_____ Staff_____ Student___	Date of Accident: (mm/dd/yr)	Time of Accident ___ a.m.__ p.m
Vehicle Make/Model/Year/VIN		If applicable, Name of Rental Agency

Incident Information

☐ Vehicle Accident

Were there injuries? (Circle one) Yes No	**NOTE: Notify** Human Resources if accident occurred while on duty!

Was the vehicle towed? ☐ Yes ☐ No
If yes, where and by whom? (Attach any documentation that may have been provided by the tow service.)

Were you cited as causing the accident? (Circle one) Yes No	Were you were given a "Court Appearance" Date? (Circle one) Yes No
	Were Witnesses Present? ☐ Yes ☐ No

Name(s) of Witness(s) if obtained:

Citation Given by: (Circle one) Highway Patrol Local Police County Sheriff	Was Weather a Factor? (Circle one) Yes No	Was Speed a Factor? (Circle one) Yes No
What speed was listed on citation?	**IF** you had a passenger(s) with you, how many?	

Were you: On your way __to __from work? Were you enroute to an assigned: Class__ Meeting__ Were you __enroute __ returning from? (check one)	Authorized By (WFU Supervisor):
Did you/passenger receive Rx for injury/illness? (Circle one) Yes No If so, list prescription(s)	Treating Physician:

Description of Incident

What were you doing just prior to the accident occurring?

- ☐ Driving Straight Ahead
- ☐ Making a ___right ___left turn
- ☐ Sitting in a "Stopped" position.
- ☐ Passing a vehicle
- ☐ Parked in a __parking lot __parking space
- ☐ Backing Up
- ☐ Other

Where did vehicle accident occur? (Include STATE/CITY/HIGHWAY and nearby landmark if applicable)

Describe what **you think** caused or contributed to the accident. (Please be specific)

(over)