THE TEXAS A&M UNIVERSITY SYSTEM

MOTOR VEHICLE ACCIDENT REPORT

TAMUS System Office of Risk Management
The Texas A&M University System
301 Tarrow St. 5th Floor
Campus Mail 1262
College Station, TX 77840
Phone (979) 458-6330
Fax (979) 450-6247

DATE

Date of Incident_____ Time_____ ☐ AM ☐ PM

LOCATION OF ACCIDENT

Highway/ Street/ Road on Which Accident Occurred _____ Under Construction
County _____ City or Town _____ State _____

☐ At Intersection with _____

☐ If not at Intersection _____ _____ of _____
Feet *Direction* *Show intersecting street, highway, bridge, milepost or other landmark*

SYSTEM VEHICLE (Owned or Non-Owned)

DRIVER INFORMATION

(Property struck by vehicle, see "Property Damage " below)

Is Vehicle Drivable If no current location_____
Year _____ Make/ Model _____ License Plate# _____
V.I.N. # _____ Unit # _____ Seat Belts in Use
Member Name _____ Department ____ _____
Driver _____ System Employee? Date of Birth _____
Cell # _____ Work # _____ Drivers License# _____ State ____
Towing Trailer? _____ If yes, Owner Name _____ _____
Trailer Year, Make and Model: _____ Plate # _____

OTHER VEHICLE

DRIVER INFORMATION

(Other Vehicle involved in accident)

Is Vehicle Drivable _____ If no current location_____
Year _____ Make/ Model _____
V.I.N. #_____ License Plate# _____
Driver _____ Address _____
Email _____ Phone # _____
Drivers License # _____ State of License ____ Birthdate _____
Owner _____ Address _____
Email _____ Phone # _____
Insurance Co. _____ Policy # _____
Agent _____ Address _____ Phone #_____

PROPERTY DAMAGE

(Not Vehicle)

Property Description _____ _____
Owner _____ Address _____
Email _____ Phone # _____
Damage Description _____
Estimate Property Damage Amount _____

WITNESSES OR PASSENGERS

Name _____ Address _____

Email _____ Phone # _____ Type_____

Name _____ Address _____

Email _____ Phone # _____ Type

Name _____ Address _____

Email _____ Phone # _____ Type

Use additional sheet of paper if needed for injured, passengers, or witnesses

POLICE REPORT

Police Report Filed . If yes, please state which agency _____

Case # _____ Phone # _____ Officer Name_____

PURPOSE OF TRIP

Was System Vehicle in Emergency Response?

If yes: Were lights activated? Were Sirens Activated?

Brief explanation of trip purpose: _____

ACCIDENT TYPE CHECK APPLICABLE BOXES

Check Applicable Box or Boxes

☐	Backed into by OV	☐	Head on Collision
☐	Backed Into OV	☐	Jack Knifed
☐	Blow Out	☐	Load not Secure
☐	Changing Lanes Collision	☐	Loading / Unloading
☐	Collision with Animal	☐	Opened Door into OV
☐	Collision with Fixed Object	☐	Property Hit by OV
☐	Struck Road Hazzard	☐	Ran Red Light/ Stop Sign
☐	Failure to Control Speed	☐	Rear End Collision
☐	Failed to Yield Right of Way	☐	Fire
☐	Fatigue or Fell Asleep	☐	Theft
☐	Hit and Run Collision	☐	Vandalism
☐	Slid on Ice Rain	☐	Hail
☐	Collision w/ Bicyclist or Pedestrian	☐	Wind
☐	Glass/ Windshield	☐	Other _____

NARRATIVE OF ACCIDENT	Briefly describe how the incident occurred. (Driver Statement)
DIAGRAM OF ACCIDENT SITE	* Indicate North *Attach separate page if needed

Driver's Signature _____ Date _____

PLEASE NOTE:

You MUST notify Risk Management by creating a new incident in Origami, along with a scan of the MVAR, within 48 hours.

For further information or support, please contact your Vehicle Coordinator or System Risk Management. You can also visit System Risk Management Website: https://www.tamus.edu/risk/

as of 10.01.26