

**COLLISION INFORMATION**

ON Campus       OFF Campus

Location: \_\_\_\_\_  
\_\_\_\_\_

Police Notified?  
 Yes       No

Police Department:  
 TX State       San Marcos  
 Other: \_\_\_\_\_

Officer's Name:
Officer's Badge Number:
Officer's Phone Number:

**2nd PARTY INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
TDL #: \_\_\_\_\_

**2nd Party Insurance Company Information:**

Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**2nd Party Vehicle Information:**

Vehicle: \_\_\_\_\_  
Plate #: \_\_\_\_\_  
State: \_\_\_\_\_ Yr: \_\_\_\_\_

**BRIEF DESCRIPTION OF ACCIDENT**

*Tell how the accident occurred and any information you feel contributed to accident.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INJURIES**

Was anyone injured?     Yes     No  
If so, who?  
\_\_\_\_\_

First Aid administered?     Yes     No  
If so, by whom?  
\_\_\_\_\_

Did Airbag deploy?     Yes     No

**DRIVER'S SIGNATURE:**

Date: \_\_\_\_\_

**PROPERTY DAMAGE:**

*(Guard rail, utility pole, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESS INFORMATION:**

(1) Name:
Address:
Phone Number (Home): _____
Phone Number (Work): _____
Driver's License Number: _____
State Issued: _____

(2) Name:
Address:
Phone Number (Home): _____
Phone Number (Work): _____
Driver's License Number: _____
State Issued: _____

For Facilities Management Office Use Only:
Date form received in Facilities Management
Date to Environmental Health, Safety & Risk Management
Date check received from insurance company <i>(if applicable)</i>
Date check deposited
Account Number



**SUPERVISOR'S STATEMENT**

*How and why accident occurred:*

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**Supervisor's Signature:**

Date: \_\_\_\_\_

*If injury:*

<b>Unit/Department Safety Officer's Signature:</b>
<b>Department Head/Account Manager's Signature:</b>

*Please complete this form, fold, staple/tape and send original to Facilities Management, PPA 143. We will distribute to Environmental Health, Safety & Risk Management.*

**Drive Safely!**

*Please fold, staple/tape, and return to:*  
**Facilities Management Department**  
 c/o Lindsey Sinner  
 PPA 143  
 Texas State University-San Marcos

Vehicle # \_\_\_\_\_

**Texas State University**

**Vehicle Accident / Incident Report**  
*(To be completed by vehicle driver)*

**Driver Information: (Please Print)**

Name:
Driver's License Number:
Department Name:
Department Phone:
Supervisor Name:

Student\*     Staff     Faculty

\*Student Address: \_\_\_\_\_

\*Student Phone: \_\_\_\_\_

**University Vehicle Information:**

Vehicle Number: \_\_\_\_\_

License Plate: \_\_\_\_\_

Make / Model: \_\_\_\_\_

Year: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

PD Case Number: \_\_\_\_\_