



Supervisor's Vehicle Incident Report

(Complete all sections of this form and return within 24 hours of incident to Brandi Aston, Claims Manager, Office of Risk Management)

Department _____ Date _____

Incident Date _____ Time _____

Employee Information:

Employee Name _____
Last MI First ID #

Position Title _____

Employee Category: Regular Temporary Student
 Non-Employee Volunteer

Drivers License No. _____ State of Issue _____

UO Certification Date _____ UO Driver Training Date _____

Vehicle Information:

License No. _____ Make _____ Model _____ Year _____

UO Vehicle # _____ Motorpool Outside Rental Personal Vehicle

Incident Information:

Incident Severity: < \$2,500 > \$2,500 Personal Injury

*****Important:** If accident involves fatality, injury or losses > \$1,500, DMV report must be submitted to DMV by driver and copy to Risk Director.***

Incident Site: Parking Lot Urban Street Campus
 Highway Rural Road

Site Description _____

Witness Name	Address	Phone

Incident Description (describe what happened where and why)



Unsafe Conditions or Actions *(describe all contributing factors)*

Faulty Equipment *(if incident was caused by faulty equipment describe how, and preserve all evidence)*

Trip Purpose _____

Trip Sanctioned (Preauthorized): Yes No **Other Vehicle Involved:** Yes No

Other Passengers In Vehicle Yes No

Incident Caused by Another: Yes No *(If Yes provide name, address and insurance below)*

Name

Address

Policy Number

Insurance Company

Additional Info

Signatures:

	Name	Signature	Date	Phone
Employee				
Supervisor				
Claims Mngr	Brandi Aston			6-8209