

## Wake Forest University Vehicle Accident Report

### CONFIDENTIAL

1. Stop immediately. Call or ask someone else to call local law enforcement. Keep calm and be courteous. **Do Not Leave the Scene unless you are injured and need immediate medical attention.**
2. Give reasonable help to the injured but do not move an injured person unless there is a potential for further injury if they remain where they are (i.e. oncoming traffic).
3. **Obtain and record all the facts on this accident report.**
4. Submit this and driver exchange forms to: Safety & Environmental Affairs and to the Motor Pool **immediately** following the accident.
5. **Type of WFU-Owned Vehicle (circle)      Van              Truck              Car              Off-Road Vehicle**

WFU Driver:

Male  
 Female

Vehicle is:  WFU Owned  Rental for WFU Business

If WFU Vehicle, Is it  assigned  loaned for temporary use? Is it for your use "on campus property" only? (Circle one) Yes No

Employee Home Address (street, city, state, zip):

Home Phone #:  
WFU Phone #

Faculty  Staff  Student

Date of Accident:  
(Month/Date/Year)

Time of Accident \_\_\_ a.m. \_\_\_ p.m. (circle one)

Vehicle Make/Model/Year/VIN

If applicable, Name of Rental Agency

### Incident Information

Vehicle Accident

Were there injuries? Yes No (circle one)

**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) Y N

Were you were given a "Court Appearance" Date? Yes No (circle one)

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 injury/illness/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)

Circle all appropriate words or statements with regard to the accident:

Cited Violations	Vehicle	Factors	Type of Accident		
% <input type="checkbox"/> Operating Vehicle Without Authority <input type="checkbox"/> Operating at Unsafe Speed <input type="checkbox"/> Inoperable lights, horn, signals etc.) <input type="checkbox"/> Failure to use lights, horn, signals <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Improper turn <input type="checkbox"/> Improper or unsafe move <input type="checkbox"/> Failure to use seat belt <input type="checkbox"/> Failure to wear visual aid <input type="checkbox"/> Operating without a license <input type="checkbox"/> Operating with an expired license <input type="checkbox"/> Invalid/or lack of registration <input type="checkbox"/> Expired tag <input type="checkbox"/> Expired inspection sticker <input type="checkbox"/> Too fast for conditions <input type="checkbox"/> Improper parking <input type="checkbox"/> Property Damage <input type="checkbox"/> Other:	<input type="checkbox"/> Totaled <input type="checkbox"/> Drivable <input type="checkbox"/> Not Drivable <input type="checkbox"/> Body Damage <input type="checkbox"/> Mechanicals damaged <input type="checkbox"/> Tires/Wheels destroyed <input type="checkbox"/> Broken windshield <input type="checkbox"/> Broken lens <input type="checkbox"/> Other:	<input type="checkbox"/> Inattentive <input type="checkbox"/> Struck from behind <input type="checkbox"/> Inclement Weather <input type="checkbox"/> View obstructed <input type="checkbox"/> Mechanical failure <input type="checkbox"/> Animal in roadway <input type="checkbox"/> Avoiding pedestrian <input type="checkbox"/> Avoiding other vehicle <input type="checkbox"/> Avoiding debris in road <input type="checkbox"/> Happened too fast - Unknown <input type="checkbox"/> Other Comments:	<input type="checkbox"/> Struck another vehicle <input type="checkbox"/> Struck an object <input type="checkbox"/> Struck pedestrian <input type="checkbox"/> Struck animal <input type="checkbox"/> Rear-End Collision <input type="checkbox"/> Chain Reaction <input type="checkbox"/> Act of Nature (hail, etc.) <input type="checkbox"/> Struck by Debris "Thrown" from other vehicle <input type="checkbox"/> Struck By <input type="checkbox"/> Other:		
Agencies/Personnel Notified	Task Being Performed	Visible Damage (Circle all that apply)			
<input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Medical Care Providers <input type="checkbox"/> Towing Service <input type="checkbox"/> WFU Motor Pool <input type="checkbox"/> WFU Human Resources <input type="checkbox"/> WFU Safety & Environmental Affairs <input type="checkbox"/> WFU Risk Management <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> WFU Legal Department <input type="checkbox"/> Personal Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> To/From Work (assigned vehicle) <input type="checkbox"/> To/From Assigned Seminar/Class <input type="checkbox"/> WFU Function <input type="checkbox"/> Pick-Up/Delivery for WFU <input type="checkbox"/> Transporting – WFU Authorized <input type="checkbox"/> To/From Airport – WFU Authorized <input type="checkbox"/> Other:	<input type="checkbox"/> Hood <input type="checkbox"/> Top <input type="checkbox"/> Trunk <input type="checkbox"/> Windshield <input type="checkbox"/> Headlight <input type="checkbox"/> Front Signals <input type="checkbox"/> Back Signals <input type="checkbox"/> Front bumper <input type="checkbox"/> Rear bumper <input type="checkbox"/> Front fender <input type="checkbox"/> Front Tire/Wheel <input type="checkbox"/> Back Tire/Wheel <input type="checkbox"/> Rear-View Mirror <input type="checkbox"/> Window (front) <input type="checkbox"/> Window (back)	<input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> Driver <input type="checkbox"/> Driver <input type="checkbox"/> Driver <input type="checkbox"/> Driver <input type="checkbox"/> Driver	<input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger	<input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Passenger
<b>Use the space below for any information which would help to explain the incident: (Example: Safety Suggestion)</b>					
<b>Driver Comments:</b>					
<b>Driver's Name (PRINT and SIGN)</b>					
<b>Date of Report:</b>			<b>Contact Phone Number(s)</b>		
<b>Immediate Supervisor's Signature:</b>		<b>Date:</b>	<b>Phone:</b>		
<b>Supervisor's Comments if Desired:</b>					