



# MOTOR VEHICLE ACCIDENT REPORT

Texas A&M AgriLife Research and Extension Service  
 Please email this form to [accidents@ag.tamu.edu](mailto:accidents@ag.tamu.edu) or  
 Fax to (979) 845-6613

Questions call (979)845-4791

**DATE** Date Of Accident \_\_\_\_\_ Day of Week \_\_\_\_\_ Hour \_\_\_\_\_ AM  PM

**LOCATION OF ACCIDENT** Highway/Street/Road on which Accident Occurred \_\_\_\_\_ Under Construction Yes  No

County \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_

AT ITS INTERSECTION WITH \_\_\_\_\_

IF NOT INTERSECTION \_\_\_\_\_ FEET     OF \_\_\_\_\_  
 N S E W

Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.

**SYSTEM VEHICLE** Year \_\_\_\_\_ Make/ Model \_\_\_\_\_ Plate No. \_\_\_\_\_

V.I.N.: \_\_\_\_\_ Unit Number \_\_\_\_\_ Seat Belts In Use Yes  No

**System Member** \_\_\_\_\_ **Department** \_\_\_\_\_

**DRIVER INFORMATION** Driver \_\_\_\_\_ **System Employee? (Yes or No)** \_\_\_\_\_

Towing Trailer Yes  No  Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Description of Trailer \_\_\_\_\_ Owner \_\_\_\_\_

Driver's Occupation \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Driving Experience (yrs) \_\_\_\_\_ Approximate Damage \_\_\_\_\_

Date of Birth \_\_\_\_\_ Speed You Were traveling \_\_\_\_\_ mph Type of License  Class A  Class B  Class C  Com. Op

**OTHER VEHICLE / PROPERTY** Year Model \_\_\_\_\_ Type & Make Vehicle \_\_\_\_\_ Vehicle License No. \_\_\_\_\_

Driver \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include City and State)

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include City and State)

**DRIVER INFORMATION** Driver's Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PROPERTY DAMAGE** Describe Property \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Describe Damage \_\_\_\_\_ Estimate Damage \_\_\_\_\_

INJURED	Name & Address	Phone	PED	SYS Veh	Other Veh	Age	EXTENT OF INJURY
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

