

VEHICLE ACCIDENT REPORT

Colorado State University
Transportation Services
201 W Pitkin St
Fort Collins, CO 80523-6031

Colorado State University
Risk Management
141 General Services Bldg
Fort Collins, CO 80523-6021

TO BE USED BY ALL DEPARTMENTS to make immediate report of all motor vehicle accidents involving State employees, vehicles, equipment or where highways could result in claim against State. THE REPORT IS NOT a substitute for Motor Vehicle Department's required "Motor Vehicle Accident Report" and THIS REPORT IS NOT a substitute for Worker's Compensation Reports.

Location of Accident: _____

Date of Accident: _____ Time of Accident: _____

University Vehicle – No. 1 License Plate# _____

Year Make Type (Sedan, Truck, etc)

Driver's Full Name _____

Driver's Department Campus Phone Number

Drivers License Number _____

Vehicle – No. 2 License Plate# _____

Year Make Type (Sedan, Truck, etc)

Driver's Full Name _____

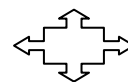
Address Policy Number

Phone Number Drivers License Number

Employee Statement of Accident:

Diagram accident, writing in street or highway names or numbers.

Indicate North
by arrow



Did Police investigate? Yes ___ No ___ If yes which one? City Police ___ CSUPD ___ Sheriff ___ State Patrol ___

Date of Police Report: _____ Report Number: _____ Officer Name: _____

Injuries Due to Accident? Yes ___ No ___ Name and Address of Witness (s) _____
