

SAINT LOUIS UNIVERSITY AUTOMOBILE ACCIDENT REPORT

TO BE COMPLETED FOR ALL ACCIDENTS INVOLVING UNIVERSITY DRIVERS

(To be completed by the driver of the University vehicle)

Incident Description:					
Date			Weather Conditions		
Time			Employee's Name		
Were the authorities contacted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, which Police Dept.?
Any violations / citations issued?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Report No.
Describe what happened (Be Specific)					
University Vehicle:					
Year	Make		Vehicle ID No.	License Plate No.	Color
Driver Information:					
Name			Title and Department		
			City	State	Zip
			Date of Birth	University Phone No.	
Home Phone					email
Names & phone numbers of passengers (if any)					
Describe damage to University vehicle.					
Where is the vehicle currently located?					
Other Involved Vehicle(s): Please forward photos of damage & site to email at the bottom of the page.					
If more than one vehicle is involved, please use a separate piece of paper.					
Year		Model	Vehicle ID No.	License Plate No.	Color
Driver's Name			Owner of vehicle (if different)		
Home address			City	State	Zip
			Date of Birth		
Describe damage to vehicle.					
Agent Name & Phone No.					

Other Property Damage: Please forward photos of damage to email at the bottom of the page.									
Any property (other than vehicles) damaged in the accident?			Yes	No	If so, please describe				
Injuries: If there is more than one person injured, please include other information on separate sheet of paper.									
Did anyone claim to be injured?			Yes	No	Was a drug or alcohol test performed?			Yes	No
Injured Person's Name						Phone			
Were the injured parties either drivers or passengers? (if not, how were they hurt?)									
Extent of Injuries					Did the injured seek medical attention?			Yes	No
Witnesses: If more room is needed, please include other names and phone numbers on separate sheet of paper.									
Any witnesses other than drivers or passengers?			Yes	No	If so, list names & phone numbers				
Preparer's Signature						Date Signed			

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Risk Management & Insurance

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