AUTO COLLISION INFORMATION FORM
TEXAS TECH UNIVERSITY SYSTEM

If you have a collision, use this form to record the facts about the collision, including names and address of all parties involved, and any witnesses to the collision. Give the completed form to your Department head. The Department head will send the form to **Office of Risk Management PO Box 42003 (MS 2003) Lubbock, Texas 79409**

Date of collision and time	AM ☐ PM ☐	Location of Collision (Include City & State)
Description of Collision (use reverse side if necessary)		
Authority Contacted and Report #		Any violations/citations as a result of the collision (describe)

PROPERTY DAMAGED (NOT YOUR VEHICLE)

Describe Property (If auto, year, make, model, plate #)		Insurance Company
Owner's Name & Address		Residence Phone (A/C, No. Ext):
		Business Phone (A/C, No. Ext):
Other Driver's Name & Address ☐ (Check if same as owner)		Residence Phone (A/C, No. Ext):
		Business Phone (A/C, No. Ext):
Driver's License Number	Describe Damage	Where can damage be seen?
Insurance Company Name	Policy Number	Agent's Name and Number

INJURED PARTIES

Name & Address	Phone (A/C, No)	Age	Describe Injury
Injured was: ☐ Pedestrian ☐ In your car ☐ In other car			
Injured was: ☐ Pedestrian ☐ In your car ☐ In other car			

WITNESSES OR PASSENGERS

Name & Address	Phone (A/C, No.)	Ins Veh	Oth Veh	Statement Attached?

YOUR INSURED VEHICLE

Year	Make	Model	VIN	License Number

Department Name TTU Operations- Department Phone

Supervisor to whom you reported: (A/C, No)

Department Head Name

Driver's Name & Address				Residence Phone (A/C, No) Business Phone (A/C, No. Ext):	
Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License #	State	Purpose of Use	Used with Permission ☐ Yes ☐ No
Describe Damage			Where can Vehicle be seen?		When can Vehicle be seen?

In addition to this form please provide a copy of the police report and OP 80.08 attachments B & C. In the event of collision always contact the appropriate law enforcement agency and ask that they prepare an accident report.

Attachment A
OP 80.08
6/17/15

Texas Tech University
VEHICLE ACCIDENT
INVESTIGATION

SECTION I:

Date of Accident		Time of Accident a.m. p.m.	
Name and Address of Employee Involved			
Department TTU Operations	Location	Doing his regular job? Yes ☐ No ☐	Police contacted? Yes ☐ No ☐
Year/Model of Vehicle	Type of Vehicle	License Number	Inventory Number

SECTION II:

Description of Accident	
Did you see this Accident? Yes No	Witnesses:
UNSAFE CONDITION: What was the unsafe condition? Why did the unsafe condition exist?	
UNSAFE ACTS: What did anyone do or fail to do that led to this accident? Indicate reasons.	
What action has been or should be taken to prevent a similar accident?	
Was the driver trained to safely operate a motor vehicle? ☐ YES ☐ NO If no, why not?	
Date:	Supervisor:

REVIEW BY MANAGER
AND DEPARTMENT HEAD

Section III:

Recommendations for additional action
Supervisor's recommendations approved Yes No
Additional recommendations
Additional action to be taken

Manager	Date
Department Head	Date

VEHICLE COLLISION
WITNESS STATEMENT

Employee _____
Employer TTU Operations-
Date of Collision _____

Name: _____ Age: _____
Residence Address: _____
Home Telephone: _____ Work Telephone: _____
Employer: TTU Operations-
On _____, 20____, at about _____a.m. / p.m., I was in or at (clearly state your own location) _____
_____
when a collision involving the above employee is alleged to have occurred.

(Check only one box)

☐ I saw the collision.
The collision occurred in the following manner: _____
_____
_____
_____
_____
_____
Other pertinent information and source: _____
_____
_____

☐ I did not see the collision.
Information given me by (name of person) _____
indicates it occurred as follows: _____
_____
_____
_____
_____
_____
Other pertinent information and source: _____
_____
_____

☐ I know nothing whatsoever about the occurrence.

_____ _____
Signature Date

Attachment C
OP 80.08
6/17/15