

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			
Location of Accident						
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	Model	Vehicle ID No.	License Plate No.	Color	
Driver Information:						
Name			Title and Department			
Home address		City	State	Zip		
Driver's License No		Date of Birth		University Phone No.		
Home Phone		Cell 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	Make	Model	Vehicle ID No.	License Plate No.	Color	
Driver's Name			Owner of vehicle (if different)			
Home address		City	State	Zip		
Driver's License No		Date of Birth		Phone No.		
Names & phone numbers of passengers (if any)						
Describe damage to vehicle.						
Where is the vehicle currently located?			Insurance Company			
Agent Name & Phone No.			Policy number			

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?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Was a drug or alcohol test performed?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, list names & phone numbers				
Preparer's Signature						Date Signed						

Use this form to report injuries or property damage sustained by visitors, students or the general public alleged to have been caused by the University or occurring on University property or during a University activity or event.

Do not use this form to report employee injuries.

Email or fax this form to Risk Management within 48 hours of the incident.

Risk Management & Insurance

riskmgmt@health.slu.edu

Phone | 314-977-3952

Fax | 314-977-1457

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