

Motor Vehicle Incident Report

THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY BYU-IDAHO. Additionally, this report is not considered a formal claim.

Department Information

Department:

Cost Center:

Supervisor Information

Name:

Job title:

Work phone:

Mobile phone:

Email address:

Date incident reported to supervisor:

Time incident reported to supervisor:

AM/PM:

Date organization leader notified:

Driver Information

Name:

Driver's license number:

Driver's license state:

I-number:

Phone number:

Local address:

Local zip code:

Home address (include city and state):

Home zip code:

Employment type:

Current BYU-Idaho driving certification:

Fleet Vehicle Information

Type of vehicle:

Fleet number:

License plate number:

VIN:

Make:

Model:

Year:

Color:

Fleet Vehicle Information (continued)

Describe the damage that occurred to the Fleet vehicle because of this incident:

Please take photographs of all sides and corners of the Fleet vehicle. Include close-up photographs of the damages. Submit photographs with the incident report.

Date, Time, and Location of Incident

Date:

Day of week:

Time of incident:

AM/PM:

On or off campus:

Location/address of the incident:

City:

State:

Zip Code:

Incident Details

Describe what happened:

BYU-Idaho Public Safety notified:

Police agency notified:

If yes, name of agency:

Date police or Public Safety was notified:

Police agency phone number:

Name of officer:

Police or Public Safety report number:

Number of passengers in the Fleet vehicle:

Number of passengers in the other vehicle:

Number of injured persons:

Injured person(s) name(s) and type of injury:

First aid administered at scene of accident:

Transported via ambulance to hospital:

Vehicle(s) towed:

Tow address (if known):

Witness 1 name:

Witness 1 phone number:

Witness 2 name:

Witness 2 phone number:

Other Vehicle Driver Information

Name:

Driver's license number:

I-number (if applicable):

Phone number:

Address (include city and state):

Zip code:

Other Vehicle Description

Type of vehicle:

Fleet number (if applicable):

License plate number:

License plate state:

VIN:

Make:

Model:

Year:

Color:

Describe the damage that occurred to the other vehicle because of this incident:

Please take photographs of all sides and corners of the other vehicle. Include close-up photographs of the damages. Submit photographs with the incident report.

Other Property

(Complete this section if property other than a motor vehicle was damaged.)

Type of other property:

Describe other property:

Describe the damage that occurred to the other property because of this incident:

Owner's name:

Owner's phone number:

Date owner was notified:

Please take photographs of the damaged property. Include close-up photographs of the damages. Submit photographs with the incident report.