

UNIVERSITY OF ALABAMA AT BIRMINGHAM

UAB VEHICLE ACCIDENT REPORT

Driver's Name:			
Position/Title:			
Telephone Numbers (work, home):			
Department/Unit:			
Name of Supervisor:			
Date and Time of Accident:			
Location of Accident:			
Description of UAB Vehicle (year, make, model, etc.):			
UAB Vehicle Tag Number:			
Police Dept. Responding (UAB, Birmingham, other):			
Police Case Number:			
Is driver aware of anyone injured in the accident?	Yes	No	Who?

Describe the accident in detail (what happened, any contributing factors such as poor weather conditions, impaired visibility, visible damage resulting, etc.):

Your signature below authorizes the UAB Office of Compliance & Risk Assurance to obtain a copy of your Motor Vehicle Record if required following an accident.

Driver's Signature

Date

Email the completed report to University Risk Management within the Office of Compliance & Risk Assurance as soon as possible: riskmanagement@uab.edu