**UNIVERSITY OF ALABAMA AT BIRMINGHAM**

# UAB VEHICLE ACCIDENT REPORT

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| --- | --- |
| 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 anyoneinjured 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 Risk Management and Insurance to obtain a copy of your Motor Vehicle Record if required following an accident.

Driver’s Signature Date

Email the completed report to UAB Risk Management and Insurance as soon as possible: UABRisk@uabmc.edu

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