**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 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 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](mailto:UABRisk@uabmc.edu)

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