

**PHYSICAL PLANT DIVISION  
University of Florida  
Vehicle Incident Report**

<b>STATE VEHICLE AND OPERATOR</b>	<b>PPD DEPT.</b> _____ <b>VEHICLE I.D.#</b> _____
	<b>FL. TAG #</b> _____ <b>TYPE/MODEL</b> _____ <b>YEAR</b> _____
	<b>OPERATOR</b> _____ <b>PPD PHONE</b> _____

<b>TIME AND PLACE</b>	<b>DATE</b> _____ <b>TIME</b> _____ <b>LOCATION</b> _____
	<b>INVESTIGATING AGENCY</b> _____
	<b>OFFICER NAME</b> _____

**DESCRIPTION** (COMPLETE ALL DETAILS) Draw a map showing the position of each car, vehicle, injured person, or damaged property. Label all streets, buildings and other physical references. Indicate with an arrow the direction of travel of each moving vehicle.

N

**IMPORTANT:** If the operator's view was obstructed in any way, indicate where and how; also indicate any R.R. tracks, traffic signals and/or signs.

**EXPLANATION:** Explain fully how the accident occurred. (Use attachments as needed)


DISTRIBUTE TO: [1] Risk Mgt. Coordinator; [2] Department; [3] PPD Personnel Satellite Office

**PPD Vehicle Incident Report (Page 2)**

<b>DAMAGE TO PROPERTY</b>	DAMAGE TO PPD VEHICLE _____ DAMAGE TO STATE PROPERTY _____ DAMAGE TO VEHICLE/PROPERTY OF OTHER _____ OWNER/DRIVER OF OTHER VEHICLE _____ ADDRESS _____ PHONE # _____ DRIVER'S LICENSE # _____ INSURANCE CO. _____ POLICY NUMBER _____ VEHICLE TAG # _____ MAKE/MODEL _____ YEAR _
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<b>PERSONS INJURED</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"><b>NAME</b></td> <td style="width: 40%;"><b>ADDRESS</b></td> <td style="width: 30%;"><b>PHONE #</b></td> </tr> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3"><b>NATURE &amp; EXTENT OF INJURIES</b></td> </tr> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3"><b>WHERE WERE INJURED TAKEN</b> _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3"><b>BY WHOM</b> _____</td> </tr> </table>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>	1. _____	_____	_____	2. _____	_____	_____	<b>NATURE &amp; EXTENT OF INJURIES</b>			1. _____	_____	_____	2. _____	_____	_____	<b>WHERE WERE INJURED TAKEN</b> _____			_____			<b>BY WHOM</b> _____		
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**WITNESSES (NAME ADDRESS PHONE # LOCATION)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**EMPLOYEE SIGNATURE: The statements on this report are true and accurate to the best of my knowledge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

<b>PPD REVIEW</b> <small>(Employee Leave Blank)</small>	<table border="0" style="width: 100%;"> <tr> <td><b>Reviewed by:</b></td> <td style="text-align: right;"><b>Date</b></td> </tr> <tr> <td><b>Dept. Supervisor</b> _____</td> <td>_____</td> </tr> <tr> <td><b>Dept. Director</b> _____</td> <td>_____</td> </tr> <tr> <td><b>Risk Management</b> _____</td> <td>_____</td> </tr> <tr> <td><b>Action Taken/Recommended</b> _____</td> <td>_____</td> </tr> </table>	<b>Reviewed by:</b>	<b>Date</b>	<b>Dept. Supervisor</b> _____	_____	<b>Dept. Director</b> _____	_____	<b>Risk Management</b> _____	_____	<b>Action Taken/Recommended</b> _____	_____
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