

If you have an accident in a state owned vehicle - Complete this form

| Incident Information | | | | | | | | | | | | | | | |
|---|---|----------------------------|--|---|--|--|--|--------------------------|--|-----------|--|------------|--|-------------------------------------|--|
| VIN Number of state owned vehicle: | | | | | | | | | | | | | | | |
| License Plate number of state owned vehicle: | | | | | | | | | | | | | | | |
| Describe how the incident occurred: | | | | | | | | | | | | | | | |
| Describe damages to the state-owned vehicle(s): | | | | | | | | | | | | | | | |
| Is the Vehicle Driveable? | | | | | | | | | | | | | | | |
| Where is the Vehicle now? | | | | | | | | | | | | | | | |
| Incident Involves (Check all that apply): | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Privately Owned Vehicle(s)</td><td style="width: 30px;"></td></tr> <tr><td style="padding: 2px;">State Vehicle Only (animal/debris/rock)</td><td></td></tr> <tr><td style="padding: 2px;">Unknown Damage to Parked State Vehicle</td><td></td></tr> <tr><td style="padding: 2px;">Privately Owned Property</td><td></td></tr> <tr><td style="padding: 2px;">Vandalism</td><td></td></tr> <tr><td style="padding: 2px;">Pedestrian</td><td></td></tr> <tr><td style="padding: 2px;">Additional State Insured Vehicle(s)</td><td></td></tr> </table> | Privately Owned Vehicle(s) | | State Vehicle Only (animal/debris/rock) | | Unknown Damage to Parked State Vehicle | | Privately Owned Property | | Vandalism | | Pedestrian | | Additional State Insured Vehicle(s) | |
| Privately Owned Vehicle(s) | | | | | | | | | | | | | | | |
| State Vehicle Only (animal/debris/rock) | | | | | | | | | | | | | | | |
| Unknown Damage to Parked State Vehicle | | | | | | | | | | | | | | | |
| Privately Owned Property | | | | | | | | | | | | | | | |
| Vandalism | | | | | | | | | | | | | | | |
| Pedestrian | | | | | | | | | | | | | | | |
| Additional State Insured Vehicle(s) | | | | | | | | | | | | | | | |
| Police Department: | | | | | | | | | | | | | | | |
| Report #: | | | | | | | | | | | | | | | |
| Police Officer: | | | | | | | | | | | | | | | |
| Badge #: | | | | | | | | | | | | | | | |
| Incident Street or Intersection: | | | | | | | | | | | | | | | |
| Incident City: | | | | | | | | | | | | | | | |
| Incident State: | | | | | | | | | | | | | | | |
| Incident County: | | | | | | | | | | | | | | | |
| Incident Involving Pursuit? | | | | | | | | | | | | | | | |
| Injuries? | | | | | | | | | | | | | | | |
| Fatalities? | | | | | | | | | | | | | | | |
| When was Ambulance called? | | | | | | | | | | | | | | | |
| Date of Incident: | | | | | | | | | | | | | | | |
| Time of Incident: | | | | | | | | | | | | | | | |
| State Driver Information | | | | | | | | | | | | | | | |
| Driver's First Name: | | | | | | | | | | | | | | | |
| Driver's Middle Initial: | | | | | | | | | | | | | | | |
| Drivers Last Name: | | | | | | | | | | | | | | | |
| Driver's email: | | | | | | | | | | | | | | | |
| Driver's Phone Number: | | | | | | | | | | | | | | | |
| Driver's Residential Address: | | | | | | | | | | | | | | | |
| City, State, & Zip Code: | | | | | | | | | | | | | | | |
| Driver's License Number: | | | | | | | | | | | | | | | |
| Driver's License State: | | | | | | | | | | | | | | | |

If you have an accident in a state owned vehicle - Complete this form

| | |
|----------------------------|--|
| Cabinet: | |
| Department: | |
| KSP Post: | |
| Supervisor's Name: | |
| Supervisor's Phone Number: | |
| Supervisor's Email: | |

Other Driver Information

| | |
|----------------------------------|--|
| Driver's First Name: | |
| Driver's Middle Initial: | |
| Drivers Last Name: | |
| Driver's email: | |
| Driver's Phone Number: | |
| Driver's Residential Address: | |
| City, State, & Zip Code: | |
| Driver's License Number: | |
| Driver's License State: | |
| Driver's Phone Number: | |
| VIN: | |
| Vehicle Make: | |
| Vehicle Model: | |
| Vehicle Year: | |
| License Plate #: | |
| Insurance Company: | |
| Insurance Policy Number: | |
| Insurance Company Phone Number: | |
| Describe damages to the vehicle: | |
| Is the Driver the Owner? | |

Pedestrian Information

| | |
|------------------------------------|--|
| Pedestrian Name: | |
| Pedestrian Street Address: | |
| Pedestrian City, State & Zip Code: | |
| Pedestrian Phone Number: | |

Damage to Privately Owned Property - Other than Vehicle

| | |
|---------------------------------|--|
| Owner's Name: | |
| Owner's Street Address: | |
| Owner's City, State & Zip Code: | |
| Owner's Phone Number: | |
| Describe the Property Damage: | |

If you have an accident in a state owned vehicle - Complete this form

| Other Involved Parties (passengers, witnesses, etc.) | |
|--|--|
| Other Party 1 First Name: | |
| Other Party 1 Middle Initial: | |
| Other Party 1 Last Name: | |
| Other Party 1 email: | |
| Other Party 1 Phone Number: | |
| Other Party 1 Residential Address: | |
| Other Party 1 City, State, & Zip Code: | |
| In what capacity are they involved? | |
| Other Party 2 First Name: | |
| Other Party 2 Middle Initial: | |
| Other Party 2 Last Name: | |
| Other Party 2 email: | |
| Other Party Phone Number: | |
| Other Party Residential Address: | |
| Other Party City, State, & Zip Code: | |
| In what capacity are they involved? | |
| Reporter | |
| Is the Reporter the Driver? | |
| Reported By: | |
| Reporter Email: | |
| Reporter Phone Number: | |
| Agency Claims Contact Name: | |
| Agency Claims Contact Phone Number: | |
| Agency Claims Contact Email: | |
| Obtain | |
| Police Report, photos and any other supporting documentation: | |
| Return completed form in person or via email within 48 hours of accident: | |
| Murray State University Procurement Services 200 General Services Building Murray, KY 42071 msu.procurement@murraystate.edu | |