

**VEHICLE ACCIDENT REPORT-  
COOPERATIVE EXTENSION  
SERVICE**

(For Use With Non-State-Owned  
Vehicles)

**ACCIDENT INFORMATION**

DATE OF ACCIDENT
TIME OF ACCIDENT
PLACE OF ACCIDENT
DESCRIPTION OF ACCIDENT

**WITNESSES**

NAME	PHONE NUMBER	ADDRESS

**POLICE INVESTIGATION**

WERE POLICE NOTIFIED?
NAME OF LAW ENFORCEMENT AGENCY
POLICE OFFICER NAME
POLICE REPORT #

**YOUR VEHICLE INFORMATION**

YEAR VEHICLE	MAKE/MODEL
LICENSE PLATE #	VIN#
DRIVER NAME	DRIVER PHONE #
DRIVER ADDRESS	
OWNER NAME	OWNER PHONE #
OWNER ADDRESS	

**OTHER VEHICLE INFORMATION**

YEAR VEHICLE	MAKE/MODEL
LICENSE PLATE#	VIN #
DRIVER NAME	DRIVER PHONE #
DRIVER ADDRESS	
OWNER NAME	OWNER PHONE #
OWNER ADDRESS	
Insurance Provider	Insurance Policy #

**PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER
DESCRIBE DAMAGE

**INJURIES**

NAME #1
ADDRESS/ PHONE #
DESCRIPTION OF INJURY
PASSENGER, DRIVER, OR PEDESTRIAN?
NAME # 2
ADDRESS/PHONE#
DESCRIPTION OF INJURY
PASSENGER, DRIVER, OR PEDESTRIAN?

**This form was completed by :**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\* IMPORTANT REMINDER-** In case of a motor vehicle accident involving the use of your personal motor vehicle, you should contact your insurance agent or insurance company as soon as possible. This form is for Cooperative Extension Service information reporting purposes only.

*The Cooperative Extension Service, North Carolina State University, does not provide motor vehicle insurance for the personal vehicles of volunteers. It is a personal risk management decision of the volunteer whether to transport others in their own private vehicle.*