

INCIDENT/CASE NUMBER: \_\_\_\_\_

# UNIVERSITY of NORTH ALABAMA

## MINOR TRAFFIC CRASH REPORT

*(If there are any injuries sustained DO NOT use this form, use the Alabama Uniform Crash Report)*

Date/Time of Crash: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_

Location of Crash: \_\_\_\_\_

### UNIT #1

Occupied (time of crash)    YES    NO    OWNER/DRIVER OLN: \_\_\_\_\_ STATE: \_\_\_\_\_

#### DRIVER INFORMATION:

NAME: \_\_\_\_\_ SEX:    M    F    RACE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

TAG #: \_\_\_\_\_ STATE: \_\_\_\_\_ VEH. MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_ VIN: \_\_\_\_\_

#### OWNER INFORMATION:

NAME *(If driver write "same")*: \_\_\_\_\_

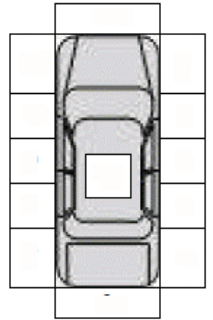
ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

CHECK AREA OF DAMAGE

Under Carriage



### UNIT #2

Occupied (time of crash)    YES    NO    OWNER/DRIVER OLN: \_\_\_\_\_ STATE: \_\_\_\_\_

#### DRIVER INFORMATION:

NAME: \_\_\_\_\_ SEX:    M    F    RACE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

TAG #: \_\_\_\_\_ STATE: \_\_\_\_\_ VEH. MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_ VIN: \_\_\_\_\_

#### OWNER INFORMATION:

NAME *(If driver write "same")*: \_\_\_\_\_

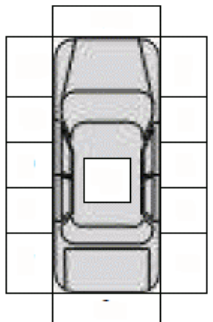
ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

CHECK AREA OF DAMAGE

Under Carriage



#### NARRATIVE *(Describe Accident)*:

#### WITNESS INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REPORTING OFFICER: \_\_\_\_\_ BADGE #: \_\_\_\_\_