



TAITA TAVETA UNIVERSITY

P.O. Box 635 - 80300, Voi Kenya. Telephone: (020) -2437266

Transport Department

AUTO ACCIDENT REPORT FORM

Date of accident: _____ Time of accident _____ -

Location: _____

Driver's Name: _____

Signature _____

Purpose of trip

Vehicle Registration No. _____ No. of passengers:

Case Vehicle Information / Details of accident:

No. of vehicle involved:

Vehicle type: Drivers Name _____

Insurance Policy No.

Insurers _____

List of Passengers in University vehicle

Name

P/F

Mobile No:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Damages to the University vehicle

List Injuries if any:

Name	Type of Injury	Treatment

Road & Weather Conditions:

