



State of Tennessee Auto Liability Program
A Program of the Tennessee Treasury Department
Division of Claims and Risk Management

Auto Accident Reporting Instructions

IF YOU ARE INVOLVED IN AN AUTO ACCIDENT WHILE DRIVING A STATE VEHICLE, RENTAL, OR YOUR OWN VEHICLE WHILE IN THE COURSE OF YOUR EMPLOYMENT, FOLLOW THE INSTRUCTIONS BELOW:

- 1.** Don't leave the scene. Be prepared to communicate ALL details of the incident to the State's adjuster.
- 2.** Call emergency services (911 or police non-emergency number) as needed.
- 3.** Take at least 4 photos of both vehicles, license plates, parking situation, insurance card for other party, and any notable unrelated damages. Include photo of the other party if applicable.
- 4.** Call the State of TN Auto Accident Call Center immediately to report the incident, then call your supervisor and follow your department's applicable procedures.
- 5.** Do not admit fault in the accident or promise coverage or reimbursement to anyone.

State of TN Auto Accident Call Center:
(855) 253-0629

Be prepared to provide the following information to the Call Center:

- Incident date, time, and location
- State driver's name, phone number, and email
- Any/all other drivers' names and phone numbers, plus emails if available
- Any other involved passengers' names and phone numbers, plus emails if available
- Vehicle information for all vehicles, including license plate number and/or VIN
- Your State Supervisor's name, phone number, or other contact information
- Confirm if any fatalities or non-fatal injuries occurred

IF YOU HIT AN UNOCCUPIED VEHICLE:

- 1.** Fill out a Damage Notification Card and leave it on the unoccupied vehicle.
- 2.** Call the State of TN Auto Accident Call Center immediately at (855) 253-0629 with date, time, and location of the incident, as well as any additional information you may have.
- 3.** Take photos of both vehicles, as well as the license plate and VIN tag of the other vehicle (on the driver-side dash, near the windshield).



Tennessee Department of Treasury; April 2018;
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DAMAGE NOTIFICATION

The State of Tennessee is providing you this notification relative to damage that occurred to your vehicle while it was unoccupied. To obtain information about this incident, please contact the State of TN Auto Accident Call Center using the phone number below.

The Call Center works on behalf of the State to obtain information, investigate, and provide claim services. The owner of the damaged property/vehicle may call the State of TN Auto Accident Call Center toll-free for assistance at:

(855) 253-0629

Provide the following information when calling:

Date: _____ Time: _____

State Agency: University of Tennessee

State of Tennessee Treasury Department
Division of Claims and Risk Management

Receipt of this notification is not an admission of liability or a promise that damages will be paid.



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**THE UNIVERSITY OF TENNESSEE
DRIVER'S REPORT OF VEHICLE ACCIDENT**

UT VEHICLE NO. _____
State of TN Auto Accident Call Center
1-855-253-0629
Center Claim # _____

INSTRUCTIONS: Report every accident, damage or theft immediately after occurrence. Forward report immediately to: Your Campus Transportation Services and Office of Risk Management, 5723 Middlebrook Pike, Ste. 218 or fax it to: (865)974-0936 as soon as possible.

BASIC INFORMATION Must be completed for all incidents.					
Driver Name:	Date of Birth:	Driver's License #:	Issued State:	Expiration:	
Home Address:	Street	City:	State	Zip Code	
Department	Supervisor Name:		Phone Number:		
Campus Address					
UT Vehicle:	License Plate #:	Vehicle Type:	Year	Make:	Model:
Parts of UT Vehicle Damaged:					

ACCIDENT	Date of Accident	Time	AM/PM	Place of Accident	
	Street	City:		State	
	Investigated By (Agency: i.e., UTPD, Local PD, County PD, State PD)			Accident Report # (If Available)	

DAMAGE TO OTHER	Kind and Extent of Property Damage					
	Vehicle:	Make	Model:	Year		
	Driver of Damaged Vehicle:	Date of Birth:	Driver's License #:	Issued State:	Expiration:	
	Home Address:	Street	City:	State:	Zip Code	
	Owner of Damaged Vehicle (If Different From Driver)	Supervisor:		Phone:		
	Home Address:	Street	City:	State:	Zip Code	
	Vehicle Insured: <input type="radio"/> Yes <input type="radio"/> No	Insurance Policy #:	Agent	Phone:		
	Address of Agent:	Street	City:	State:	Zip Code	
Where can property be seen?						

Description of how accident happened: _____

Witnesses	Name:	Home Address:
	Name:	Home Address:

FOLLOWING TO BE FILLED OUT BY SUPERVISOR

The purpose of UT vehicle was: _____
Departmental Account _____ Employee: _____ Personnel #: _____ is an employee of the University of Tennessee and was authorized by _____ to operate the above vehicle.

Were there any special instructions or restrictions? Yes No

If yes, please explain: _____

Additional Documentation Attached? Yes No

AUTO ACCIDENT REPORTING INSTRUCTIONS

If you are in an accident with a third party while driving any vehicle on University business, Call the State of TN Auto Accident Call Center immediately to report the incident.

**State of TN Auto Accident Call Center:
(855) 253-0629**

Do not leave the scene
Call 911 if needed

Take at least 4 photos of both all vehicles involved, license plates, parking situation, insurance cards and any notable unrelated damages.

Do Not Admit Fault
Contact Your Supervisor

WORKERS' COMPENSATION REPORTING INSTRUCTIONS

Life-threatening/serious bodily injuries: call 911 or go to the nearest emergency room. Supervisor must report injury to CorVel option 2

**CorVel 24/7 Call Center:
(866) 245-8588**

All other injuries: Injured worker must call CorVel 24/7 PRIOR to seeking medical treatment: 1-866-245-8588, option 1

All work injuries must be reported to CorVel within three (3) business days

UT System Office of Risk Management 865-974-5409