

**UNIVERSITY OF IOWA  
BOARD OF REGENTS, STATE OF IOWA  
VEHICLE ACCIDENT REPORTING FORM**

*Vehicle Accident Reporting Procedures*

1. **STOP** - Do not leave the scene of the accident.
2. Render aid or assistance to the injured as may be possible. Call a physician or ambulance. (Section 321.263, Code of Iowa)
3. If you suspect you were injured, see a physician.
4. Accidents involving injury or death must be reported immediately to the nearest law enforcement agency and UI Department of Public Safety at 319-335-5022.
5. Exchange information between drivers. Complete the attached Information Exchange Sheet (see page 5).
6. Be sure to obtain names, addresses, and phone numbers of any passengers/witnesses.
7. Complete this form. Answer all questions. Be sure you have all the information before leaving the scene of the accident. Return the form to Motor Pool, 603 S. Madison St., Iowa City, IA 52242 within 24 hours.
8. Notify your supervisor.
9. If accident results in injury or death of any person, or total property damages of \$1,000 or more, the Iowa DOT Accident Report Form must be filed within 72 hours after the accident. (Form is available from the Investigating Officer.)

- - - IMPORTANT - - -

**DO NOT ADMIT LIABILITY**

**DO NOT ATTEMPT TO SETTLE YOUR OWN CLAIM**

**Code Information**

<b>Vehicle Type Codes</b>		
01=Passenger Car	09=Truck Tractor/Semi	17=Bicycle, etc.
02=Car & Trailer	10=Double Bottom Truck	18=Recreation Veh. (ATV, Snowmobile)
03=Panel Truck	11=Tow Truck/Wrecker	19=Maint./Const. Veh. (Dozer, Graders, Tractors, Etc.)
04=Pickup Truck	12=Motor Home	20=Train
05=Pickup & Trailer	13=Bus	21=Other (Describe)
06=Pickup Camper	14=School Bus	22=Moped
07=Straight Truck	15=Farm Veh./Equip.	23=Multi-Purpose (Sport Utility Van, Minivan)
08=Truck Tractor	16=Motorcycle	00=Unknown

## Code Information (Con't)

### Accident Codes

#### A LOCATION OF ACCIDENT *(Where did first damage or injury event occur)*

1=On Roadway    3=Median    5=Outside of Right of Way    7=Unknown  
2=Shoulder    4=Roadside    6=Parking Lot

#### B TYPE OF ACCIDENT

Non-Collision    Collision of Motor Vehicle With:  
01=Overtuned    10=Pedestrian    14=Parked Vehicle  
02=Jackknifed    11=Veh. in Traffic    15=Train  
03=Carbon Monoxide    12=Motorcycle in    16=Pedalcycle  
04=Fire/Explosion    Traffic    17=Animal  
05=Immersion    13=Vehicle in Other    18=Fixed Object  
06=Other    Roadway    19=Other Object

#### C VEHICLE ACTION *(For each vehicle mark one action)*

01=Going Straight    09=Slowing-Stopping    14=Properly Parked  
02=Turning Left    10=Backing    15=Improperly  
03=Turning Right    11=Stopped for Stop    Parked  
04=Making U-Turn    Sign/Signal    16=Other (Explain in  
05=Passing    12=Stopped in Traffic    Narrative)  
06=Changing Lanes    Lane    17=Unattended  
07=Merging    13=Stalled in Traffic    Moving Vehicle  
08=Parking    Lane    00=Unknown

#### D FIXED OBJECT STRUCK *(For each vehicle mark one fixed object if needed)*

01=None    08=Island or Raised    15=Utility Pole  
02=Bridge or    Median    16=Other Pole or  
Overpass    09=Embankment or    Support  
03=Underpass or    Retaining Wall    17=Mailbox  
Bridge Support    10=Fence    18=Impact  
04=Building    11=Guardrail    Attenuator  
05=Culvert    12=Light Pole    19=Other  
06=Curb    13=Sign Post    00=Unknown  
07=Ditch    14=Tree or Shrubbery

#### E ROADWAY GEOMETRICS

1=Straight, Level    4=Curve, Level    8=Intersection,  
2=Straight, Up/    5=Curve, Up/    Up/Downgrade  
Downgrade    Downgrade    9=Intersection,  
3=Straight, Hillcrest    6=Curve, Hillcrest    Hillcrest  
7=Intersection, Level    0=Unknown

#### F CHARACTER OF ROADWAY

**Not At Intersection**  
01=No Special Feature    12=Not Within Inter-    24=On Minor Road  
02=Bridge/Overpass/    section but Inter-    Between Ramps  
Underpass    section Related    25=Entrance Ramp  
03=Railroad Crossing    13=Alley Intersection    at Major Road  
04=Business Drive    14=Other (Intersection)    26=Major Road at  
05=Farm/Residential/    **Interchange**    Exit Ramp  
Drive    21=Intersection of    27=Bridge/Overpass  
06=Other (Non-    Ramp and Minor Road    Underpass  
Intersection    22=Ramp    28=Not Within Inter-  
11=Within Intersection    23=On Major Road    change but Inter-  
Between Ramps    change related  
29=Other  
00=Unknown

#### G TRAFFIC CONTROLS *(For each vehicle mark one control)*

01=No Controls    08=School Stop Sign    13=Police Officer  
Present    09=Stop Arm on    14=Other Traffic  
02=Traffic Signals    School Bus    Director  
03=Stop Sign    10=Railroad Warning    15=Other Control  
04=Yield Sign    Sign    16=Controls Not  
05=Warning Sign    11=Railroad Automatic    Functioning/Not  
06=School Signals    Signal    in Place  
07=No Passing Zone    12=Railroad Crossing    00=Unknown  
(Marked)    Gate

#### H LOCALITY

1=Business District    4=Business District    7=Open Country  
(Central)    (Outlying)    (Rural)  
2=Manufacturing    5=School/Play-    8=Other  
District    ground Zone    9=Parking Lot/  
3=Residential    6=Recreational    Private Property  
District    Area    0=Unknown

#### I LIGHT CONDITIONS

1=Daylight    4=Darkness-    5=Darkness-  
2=Dusk    Roadway    Roadway  
3=Dawn    Lighted    Not Lighted  
0=Unknown

#### J WEATHER CONDITIONS *(Mark up to two conditions)*

1=Clear    4=Mist    7=Snow  
2=Cloudy    5=Rain    8=Strong Wind  
3=Fog    6=Sleet/Hail    9=Other  
0=Unknown

#### K TYPE OF TRAFFICWAY *(For each vehicle mark one type)*

1=One Lane or Ramp    4=Four or More    6=Alley  
2=Two Lanes    Undivided    7=Driveway  
3=Three Lanes    5=Four or More    8=Other (Creeper  
Divided    Lane, etc.  
0=Unknown

#### L SURFACE CONDITIONS *(For each vehicle mark up to two conditions)*

1=Dry    4=Snow    7=Debris  
2=Wet    5=Loose Gravel    8=Other  
3=Ice    6=Mud    0=Unknown

#### M SURFACE TYPE *(For each vehicle mark one type)*

1=Portland Cement    4=Dirt    7=Wood (Bridge  
Concrete    5=Brick    Floor)  
2=Asphalt Bituminous    6=Steel (Bridge    8=Other  
3=Gravel/Rock    Floor)    0=Unknown

#### N VISION OBSCURED *(For each vehicle indicate one code)*

01=Not Obscured    08=Moving Vehicles    12=Blowing Snow  
02=Trees/Crops    09=Person/Object in    13=Fog/Smoke/  
03=Buildings    on Vehicle    Dust  
04=Embankment    10=Blinded by Sun    14=Other (Explain in  
05=Sign/Billboard    or Headlights    Narrative)  
06=Hillcrest    11=Frosted Windows    00=Unknown  
07=Parked Vehicles    or Windshield

#### O APPARENT DRIVER CONDITION *(For each driver mark one condition)*

01=Apparently    05=Not Feeling Well    09=Drinking  
Normal    06=Under Medication    (Impaired)  
02=Physical Defect    07=Infirmities of Age    10=Drugs  
03=Fatigued    08=Drinking (Not    11=Other (Describe)  
04=Apparently    Impaired)    00=Unknown  
Asleep

#### P DRIVER/VEHICLE RELATED CONTRIBUTING CIRCUMSTANCES *(for each vehicle, mark up to two circumstances which caused or contributed to the accident)*

01=None Apparent    12=FTYROW, From    25=Disregarded  
02=Ran Traffic Signal    Driveway    Warning Signal  
03=Ran Stop Sign    13=FTYROW, From    26=Reckless Driving  
04=Passed Stopped    Parked Position    27=Improper Backing  
School Bus    14=FTYROW, To    28=Illegal or Improper  
05=Passing Where    Pedestrian    Parking  
Prohibited    15=FTYROW, Other    29=Failure to Have  
06=Passing Inter-    16=Wrong Way on    Control  
ferred With Other    One-Way Road    30=Failed to Turn On  
Vehicle    17=Speed Too Fast    Lights  
07=Left of Center    For Conditions    31=Inattentive or Dis-  
Not Passing    18=Exceeding Speed    tracted  
08=Failed to Yield    Limit    32=Driver Confused  
ROW (FTYROW),    19=Drag Racing    33=Vision Obscured  
at Uncontrolled    20=Improper Turn    34=Oversized Vehicle  
Intersection    21=Improper Lane    35=Overload Pas-  
09=FTYROW, From    Change    senger/Cargo  
Stop Sign    22=Following Too Close    36=Inexperienced  
10=FTYROW, From    23=No Signal or    Driver  
Yield Sign    Improper Signal    37=Vehicle Defect or  
11=FTYROW, Making    24=Disregarded Rail-    Faulty Equipment  
Left Turn    road Signal    38=Other  
00=Unknown

\*FTYROW means Fail to Yield Right of Way

# VEHICLE ACCIDENT REPORT

## Iowa Regent Institutions

Do Not Write In This Box  
 File No.

Indicate the Regent Institution:    Iowa State University (ISU)    University of Iowa (U of I)    University of Northern Iowa (UNI)

TIME AND LOCATION OF ACCIDENT										
Accident Date (Mo/Day/Year)			Day of Week		Time		AM PM	Number of Vehicles		
County		State	Accident occurred within corporate limits of (city)				<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus		
Road No.	Mile Post		<input type="checkbox"/> North	<input type="checkbox"/> West	of _____		<input type="checkbox"/> South	<input type="checkbox"/> East	City/Town and State	
NO. 1 (YOUR VEHICLE)										
Driver's Name (Last, First, MI)			Date of Birth		Age	Sex	Driver License No./State			
Home Address				City/State/Zip			Home Phone #			
Work Phone #		Department			Job Title		Vehicle Type Code			
License Plate Number		VIN #			State of Registration		Vehicle Year & Make			
No. of Occupants		Commercial Leased Vehicle			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Valet Driver <input type="checkbox"/>			
Damage Estimate:		Describe Vehicle Damage								
\$										
NO. 2 (OTHER VEHICLE)										
Driver's Name (Last, First, MI)			Date of Birth		Age	Sex	Is Operator of Vehicle Also Owner			
			<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Drivers License No/State		Street Address			City/State/Zip		Home Phone #	Work Phone #		
Type of Vehicle	Vehicle Type Code	Make	Year	License Plate No.		State of Registration	No. of Occupants			
Owner's Name			Street Address			City/State/Zip		Phone Number		
Insurance Company Name/Agent's Name				Address and Phone Number						
Damage Estimate:		Describe Vehicle Damage								
\$										
PROPERTY DAMAGED OTHER THAN VEHICLE (Fence, utility pole, etc.)										
Owner's Name			Street Address			City/State/Zip		Phone Number		
Property Damage										
INJURED PERSONS (Attach additional sheets if necessary)										
Name and Address				Describe Injuries				Age	Sex	
Driver Vehicle No. 1 (Regent Vehicle)										
Driver Vehicle No. 2 (Other Vehicle)										
Passenger Vehicle No.										
Passenger Vehicle No.										
PASSENGERS IN YOUR VEHICLE (Attach additional sheets if necessary)										
Name					Address					
WITNESS (Attach additional sheets if necessary)										
Name					Address					

**ACCIDENT INFORMATION**

Did you signal a turn? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by.... <input type="checkbox"/> Signal Light <input type="checkbox"/> Hand Signal	Which direction? <input type="checkbox"/> Left <input type="checkbox"/> Right
Was your seatbelt fastened? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed before accident?	
Were headlights and taillights burning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were safety warning lights burning? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ACCIDENT CODES (Description on attached code sheet)**

<b>A</b> Location of Accident <input type="checkbox"/>	<b>B</b> Type of Accident <input type="checkbox"/>	<b>C</b> Vehicle Action <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2	<b>D</b> Fixed Object Struck <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2
<b>E</b> Roadway Geometrics <input type="checkbox"/>	<b>F</b> Character of Roadway <input type="checkbox"/>	<b>G</b> Traffic Controls <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2	<b>H</b> Locality <input type="checkbox"/> <b>I</b> Light Conditions <input type="checkbox"/>
<b>J</b> Weather Conditions <input type="checkbox"/>	<b>K</b> Type of Trafficway <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2	<b>L</b> Surface Conditions <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2	<b>M</b> Surface Type <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2
<b>N</b> Vision Obscured <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2	<b>O</b> Apparent Driver Condition <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2	<b>P</b> Driver/Vehicle Contributing Circumstances <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2	

**ACCIDENT DIAGRAM**

**Description of Accident**

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**COMPLETE DIAGRAM BELOW**

Use one of the outlines to sketch the scene of your accident, writing in street or highway names or numbers. Use number 1 to indicate State vehicle.

1. Number each vehicle and show direction of travel by arrow: → 1 ⊗ 2 ←
2. Use solid line to show path before accident → 2 dotted line after accident ...→ 2
3. Show pedestrian by: -○
4. Show railroad by: ++++++
5. Show distance and direction to landmarks; identify landmarks by name or number.

Indicate North By Arrow

Street or Highway

Street or Highway

Street or Highway

**INVESTIGATING OFFICER**

Name	Badge No.	Department/Agency/Address
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Were charges filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, against whom?
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Describe Violation (attach copy if you were charged)

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**SIGNATURES**

Signed: _____ Driver	Signed: _____ Driver's Supervisor/Department Head
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Social Security Number: \_\_\_\_\_

**Iowa Regent Institutions**  
**ACCIDENT INFORMATION EXCHANGE SHEET**

Regent Institution Employee: Please complete the bottom half of this form and give to the other party.  
Have the other party complete the top half of this form and give to you.

**Other Vehicle Information**

Driver's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Driver License No./State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Type of Vehicle (Pass. Car, Truck, etc.) \_\_\_\_\_ Mileage \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Number of Occupants \_\_\_\_\_

Names and Addresses of Passengers/Witnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Regent Driver/Vehicle Information**

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver License No./State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Vehicle (Pass. Car, Truck, etc.) \_\_\_\_\_ Mileage \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**This is to advise the Iowa Regent Institutions are self-insured under the State of Iowa.**

If you have any questions, please contact:  
Department of General Services  
Division of Customer Services-Administration  
Hoover State Office Building  
Des Moines, Iowa 50321