

MANAGER'S VEHICLE ACCIDENT INTERVIEW REPORT

Driver: _____ Date of Accident: _____

Vehicle Information	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>RU Number</u>	<u>License Plate</u>
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1) Did the driver use the "Driver's Accident Report Card" at the scene? Yes No

2) Is the "Driver's Accident Report Card" sufficiently complete? Yes No

3) Did you review total accident with the driver? Yes No

4) What was the driver's attitude regarding this accident? _____

5) Does the driver accept any responsibility for the accident? Yes No
If yes, how much? _____

6) In your opinion did the driver do anything that caused this accident? Yes No
If yes, please explain: _____

7) Were corrective measures discussed with the driver in order to prevent future accidents? Yes No
If yes, please explain: _____

8) Provide comments with regards to the driver's attitude, ability and performance as a University driver:

Supervisor's Name		Phone	
Supervisor's Signature		Date	

PLEASE MAIL OR FAX COMPLETED FORM TO:
 Department of Risk Management & Insurance
 Administrative Services Building III, 3 Rutgers Plaza, Cook Campus
 Fax: (732) 932-2580