This accident report has been properly completed and the vehicle was authorized for permissible use.

STUDENTS ONLY

I hereby grant authorization to Penn State to release this form to its insurance carrier(s) for their use in evaluating a claim. I understand that I am entitled to a copy of this report upon request.

Ima B. Driver

Student Signature

(99-16-05)
1 Enter the month, date and year.

2 Record the actual time of the accident. If actual time is not known, then record the approximate time.

3 Enter the street, roads and highway names or nearest address and include city/town and state.

4 Enter the full name and address of the other driver. Do not assume that the other driver is also the owner of the vehicle.

5 Enter complete information on the other driver. DO NOT LEAVE BLANK.

6 Obtain and enter complete information about the owner of the vehicle. This may be obtained from the “Owner Card”.

7 Obtain and enter the insurance company’s name and policy number. Failure to do so may affect your area’s deductible reimbursement. If the “other driver” cannot produce their insurance information, call the police. They may be driving without insurance.

8 Enter in words and draw pictures of the accident. Include traffic controls, direction (north, south, east and west), impact points and estimate the speed of the vehicles involved.

9 If damage is only to property (ex: streetlight mailbox, tree or guardrail), enter full name and address of the property owner.

10 A superior of the University driver must sign in this space.

11 The University driver must sign in this space.

12 If a student was the University driver (including graduate assistant or wage payroll), the driver must also sign here.