



VEHICLE ACCIDENT REPORT

RISK MANAGEMENT OFFICE
 103 RIDER BUILDING II, STATE COLLEGE, PA 16801
 TELEPHONE: (814) 865-6307 FAX: (814) 865-4029

PURPOSE: This form is used to record facts of any accident involving a University vehicle, rental car or personal vehicle if being used on University business. In case of serious injuries or undrivable vehicle, please call Risk Management. Complete both sides of the form and mail or bring this card to the Risk Management Office. At non-University Park locations, bring the completed form to the local campus Business Office.

All information on this form is important and must be obtained at the time of the accident. If for some reason (such as injuries) all the information cannot be secured immediately, the form must be submitted as soon as possible, within 24 hours.

Date: _____ Time: _____

Place of Accident: _____

University's Automobile

Driver's Name: _____ Dept: _____

Home Address: _____

Office Address: _____

Age: _____ Office Phone Number: _____ Email: _____

Make: _____ Year: _____ Model: _____

License No: _____ Vehicle No: _____

Describe Damage: _____

Other Driver's Automobile

Other Driver's Name: _____

Other Driver's Address: _____ Phone: _____

Make: _____ Year: _____ Model: _____

License No: _____

Owner's Name: _____

Owner's Address: _____ Phone: _____

Describe Damage: _____

Insurance Co. & Policy No: _____
(Must be Obtained)

Investigating Police Officer: _____

Badge No: _____ Police Dept: _____

If you are involved in an accident in which someone is seriously injured or if any vehicle is undrivable, you must immediately notify the local or state police.

Weather: (Circle) Sunny, Cloudy, Raining, Snowing, Freezing Rain

Road Conditions: (Circle) Wet, Dry, Snow Covered, Icy, Road Obstruction, Road Construction

DESCRIPTION OF ACCIDENT - Include direction your car was going and its speed; same for other car. Label streets and indicate traffic controls. PSU car is always #1.

Diagram

-Persons Injured-

Names	Addresses and Phone
_____	_____
_____	_____

Property Damage - Describe and give location (address) of damage.

-Witnesses (Including Passengers)-

Names	Addresses and Phone
_____	_____
_____	_____

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

Supervisor/Dept. Head Signature

Driver Signature

Student Signature

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.