

VEHICLE ACCIDENT REPORT

RISK MANAGEMENT OFFICE - 208 OLD MAIN, UNIVERSITY PARK, PA 16802

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. Complete this form in its entirety and email it to PSUclaims@psu.edu along with photos of the vehicles involved, including the damage and license plate, as well as photos of the scene if pertinent. Commonwealth Campuses please email to PSUclaims@psu.edu and provide a copy to your Director of Business and Finance Services. 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 of Accident:	Time:
Place of Accident:	
University Driver Information	
Driver's Name:	Age:
Home Address:	
Department Name	
and Office Address:	
Office Telephone #:	Email:
University's Automobile Information	
Year:	Make:
	Model:
License Plate #:	PSU or PSH Vehicle #:
VIN#:	
Describe Damage:	
Other Driver's Automobile Information	
Driver's Name:	
Driver's Address:	
Driver's Phone #:	Email:
Year:	Make:
	Model:
License Plate #:	VIN#:
Owner's Name:	Telephone:
Owner's Address:	
Insurance Co. & Policy #: <small>Must obtain</small>	
Describe Damage:	
Investigating Officer:	
Badge No:	Police Dept:
<small>This accident report has been properly completed and the vehicle was authorized for permissible use.</small>	
Supervisor/Dept. Head Signature	Driver's Signature
Supervisor/Dept. Head Name	Date
Driver's Name	Date

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

Weather: Sunny Cloudy Raining Snowing Freezing Rain

Road Conditions: 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 always #1.

	Diagram
--	----------------

Persons Injured	
Name	Address

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

Witnesses (Including Passengers)	
Names	Addresses

I hereby grant authorization to Penn State to release this form to its insurance carrier(s) for their use in evaluating a claim.

Student Signature	Student Name	Date