



# 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: \_\_\_\_\_

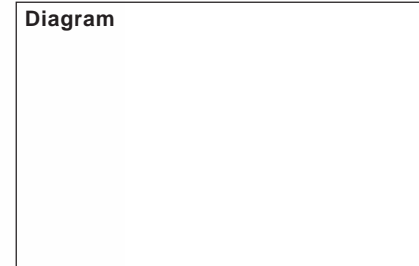
Badge No: \_\_\_\_\_ Police Dept: \_\_\_\_\_

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.



**-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.

**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.

Supervisor/Dept. Head Signature

Driver Signature

Student Signature