



MARYMOUNT
UNIVERSITY

Vehicle Accident Report

Complete and send to Department Head and University Risk Management as soon as possible.

| | |
|---|--|
| Today's Date: | |
| Date & Time of Accident: | |
| Location of Accident: (Street(s), City, State) | |
| Police Report Information: (Officer/Report Number) | |
| Description of Accident: | Describe clearly and in detail how the accident occurred. (what, where when, who and how). Include passengers, who was wearing seatbelts, injuries, witnesses, weather or other factors. Use back for diagram of the accident. |
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MARYMOUNT UNIVERSITY VEHICLE & DRIVER INFORMATION:

| | | | | |
|-------------------------------|--|--------|------------------------|------|
| MU Vehicle Information | Year: | Make: | License State & Plate: | VIN: |
| MU Driver Name: | | | | |
| MU Driver Department: | | | | |
| MU Driver Home Address: | | | | |
| DOB: ___/___/___ | Lic#: | State: | Day#:(___)-___-___ | |
| Description of Damage: | Describe damage to vehicles or other property (photos if possible) | | | |
| | | | | |
| | | | | |

OTHER DRIVER / OTHER VEHICLE INFORMATION:

| | | | | |
|----------------------------------|-----------------|-------|-------------------------|------|
| Other Vehicle Information | Year: | Make: | License State & Plate : | VIN: |
| Other Driver Name: | | | | |
| Other Driver Address: | | | | |
| Vehicle Owner Name: | (if not driver) | | | |
| Vehicle Owner Phone: | | | | |
| Owner Insurance Co.: | | | | |
| Owner Ins Co. Policy #: | | | | |
| Owner Ins Co. Phone: | | | | |

| | |
|------------------------|--|
| Description of Damage: | Describe damage to vehicles or other property (photos if possible) |
| | |
| | |

OTHER DRIVER / OTHER VEHICLE INFORMATION:

| | | | | |
|----------------------------------|--|-----------------|-------------------------|------|
| Other Vehicle Information | Year: | Make: | License State & Plate : | VIN: |
| Other Driver Name: | | | | |
| Other Driver Address: | | | | |
| Vehicle Owner Name: | | (if not driver) | | |
| Vehicle Owner Phone: | | | | |
| Owner Insurance Co.: | | | | |
| Owner Ins Co. Policy #: | | | | |
| Owner Ins Co. Phone: | | | | |
| Description of Damage: | Describe damage to vehicles or other property (photos if possible) | | | |
| | | | | |
| | | | | |

INJURED PERSONS - PASSENGERS OR BYSTANDERS:

| | | | | |
|-------------------|----|----|----|--------|
| Name: | | | | |
| Address: | | | | |
| Nature of Injury: | | | | |
| Phone: | W: | H: | C: | Other: |

| | | | | |
|-------------------|----|----|----|--------|
| Name: | | | | |
| Address: | | | | |
| Nature of Injury: | | | | |
| Phone: | W: | H: | C: | Other: |

WITNESS INFORMATION:

| | | | | |
|------------------|----|----|----|--------|
| Witness Name: | | | | |
| Witness Address: | | | | |
| Witness Phone: | W: | H: | C: | Other: |

| | | | | |
|------------------|----|----|----|--------|
| Witness Name: | | | | |
| Witness Address: | | | | |
| Witness Phone: | W: | H: | C: | Other: |

ADDITIONAL INFORMATION:

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

ATTACH PHOTOS OF ACCIDENT VEHICLES AND SCENE POSITION AND CONDITIONS DOCUMENTATION

VEHICLE INSPECTION

Vehicle License Tag #: _____
 Vehicle VIN: _____
 Vehicle Mileage OUT: _____
 Vehicle Mileage IN: _____

Driver Name: _____
 Date: _____
 Gas Gauge OUT: _____
 Gas Gauge IN: _____

| | | | | |
|---|---|---|---|---|
| F | ¾ | ½ | ¼ | E |
| F | ¾ | ½ | ¼ | E |

MARK VEHICLE INFORMATION WITH A √ IF GOOD or X IF BAD

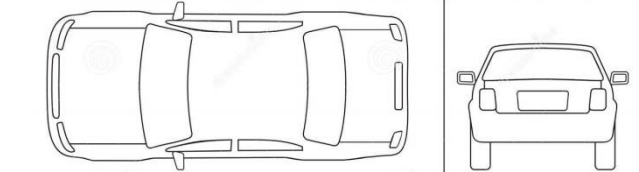
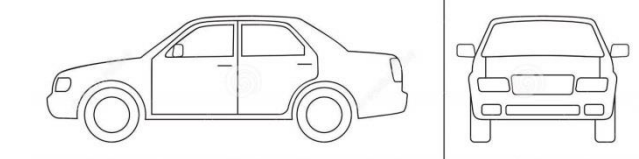
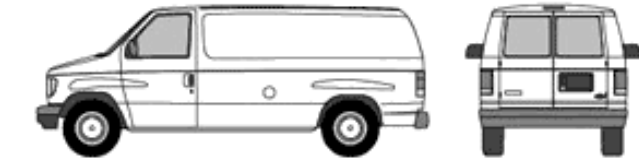
| OUT | | IN |
|---------------|------------------------------|----|
| ENGINE | | |
| | Fluid Leaks Under Vehicle | |
| | Check Transmission Fluid | |
| | Check Oil Level | |
| | Check Radiator Coolant Level | |
| | Check Wires, Hoses, Belts | |
| | Clean Battery | |

| | | |
|-----------------|--------------------------------|--|
| INTERIOR | | |
| | Dash Gauges, Lights | |
| | Passenger Compartment Switches | |
| | Passenger A/C or Heat | |
| | Parking Brake | |
| | Steering | |
| | Horn | |
| | Brake Pedal & Warning Sound | |
| | Driver Seat & Belt | |
| | Operating of Service Door | |
| | Emergency Door & Windows | |
| | Entrance Steps with Lights On | |
| | Wheelchair Lift | |
| | Wheelchair Securement Straps | |

| | | |
|-----------------|-------------------------------------|--|
| EXTERIOR | | |
| | In and Outside Mirrors | |
| | Wiper and Washer Fluid | |
| | Exhaust System | |
| | Headlight/Taillights/4 Way Flashers | |
| | Turn Signal Lights | |
| | Tires Front: Rear: | |
| | Front of Vehicle: Windows & Lights | |
| | Rear of Vehicle: Windows & Lights | |
| | Other: | |

MARK LOCATION OF VEHICLE ISSUE/DAMAGE

SHUTTLE BUS



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ADDITIONAL COMMENTS/DESCRIPTION OF VEHICLE CONDITION