

MOUNT UNION COLLEGE  
FLEET DEPARTMENT – PHYSICAL PLANT  
VEHICLE ACCIDENT REPORT

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_ a.m./p.m.

Location of accident: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Time of this report: \_\_\_\_\_ a.m./p.m.

Police Report (circle one): YES NO If yes, name of Police Dept.: \_\_\_\_\_

Date of Police Report: \_\_\_\_\_ Time of police report: \_\_\_\_\_ a.m./p.m.

Vehicles Involved:

**Vehicle # 1:**

Driver Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ Year: \_\_\_\_\_

Briefly describe damage: \_\_\_\_\_  
\_\_\_\_\_

**Vehicle # 2:**

Driver Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ Year: \_\_\_\_\_

Briefly describe damage: \_\_\_\_\_  
\_\_\_\_\_

If more vehicles are involved, use additional sheets.

Weather conditions at time of accident: \_\_\_\_\_

Road conditions at time of accident: \_\_\_\_\_

**(Continue on reverse side)**

Personal Injuries (circle one): YES NO Ambulance called (circle one): YES NO

If ambulance is called, who is injured: \_\_\_\_\_

\_\_\_\_\_

List care of injured: \_\_\_\_\_

\_\_\_\_\_

Authorities involved (circle one): YES NO If yes, who involved at what time: \_\_\_\_\_

Witnesses other than driver (circle one): YES NO (List below with addresses, if possible)

Diagram site of accident – show streets, traffic lanes, skid marks, final position of vehicles. Show vehicle number as described on front of this form. Top of sheet is north. Include all details, traffic signs, etc.

Witness Name(s)

Address

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person writing this report (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_