

VEHICLE ACCIDENT REPORT FORM



ACCIDENT INFORMATION

ACCIDENT DATE/TIME				LOCATION OF ACCIDENT (include city & state)	POLICE DEPT. TO WHOM REPORTED
	a.m.				
	p.m.				
ORIGIN & DESTINATION OF YOUR TRIP					POLICE OFFICER
PURPOSE OF TRIP					

INSURED VEHICLE & DRIVER

MAKE	MODEL	YEAR	VEHICLE I.D. OR SERIAL NO.	OSU FLEET NO.	LICENSE PLATE NO.
NAME OF DRIVER			HOME ADDRESS		TELEPHONE (home)
DEPARTMENT WHERE EMPLOYED			OFFICE ADDRESS		TELEPHONE (office)
DRIVERS LICENSE NO.	DATE OF BIRTH	SOCIAL SECURITY NO.		NAME OF SUPERVISOR	
DESCRIBE VEHICLE DAMAGE				WHERE & WHEN CAN VEHICLE BE SEEN?	

OTHER VEHICLE OR PROPERTY

MAKE	MODEL	YEAR	LICENSE PLATE NO.	INSURANCE CARRIER & ADDRESS
NAME OF DRIVER			ADDRESS	TELEPHONE
OWNER			ADDRESS	TELEPHONE
DESCRIBE VEHICLE DAMAGE				WHERE & WHEN CAN VEHICLE BE SEEN?

ACCIDENT

DESCRIPTION OF ACCIDENT (use additional sheet if necessary)

INJURED

INJURED NAME & ADDRESS	INJURIES	AGE	OSU VEHICLE	
			OTHER VEHICLE	PEDESTRIAN
INJURED NAME & ADDRESS	INJURIES	AGE	OSU VEHICLE	
			OTHER VEHICLE	PEDESTRIAN
INJURED NAME & ADDRESS	INJURIES	AGE	OSU VEHICLE	
			OTHER VEHICLE	PEDESTRIAN

WITNESSES

WITNESS NAME & ADDRESS	OSU VEHICLE	OTHER	
	OTHER		
WITNESS NAME & ADDRESS	OSU VEHICLE	OTHER	
	OTHER		
WITNESS NAME & ADDRESS	OSU VEHICLE	OTHER	
	OTHER		

REMARKS

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Status of Driver:

Employee Student Worker Student Volunteer Other

DEPT. NO.

SECTOR

Driver Signature

Date

Supervisor Signature

Date

VEHICLE ACCIDENT REPORT FORM



SHOW HOW THE ACCIDENT HAPPENED USING ONE OF THESE DIAGRAMS

SHOW EACH VEHICLE'S POSITION AT THE MOMENT THAT THE ACCIDENT HAPPENED. SHOW THE DIRECTION AND DISTANCE EACH VEHICLE TRAVELED BEFORE THE CRASH BY DRAWING SOLID LINES WITH ARROWS INDICATING DIRECTION. SHOW THE DIRECTION AND DISTANCE EACH VEHICLE TRAVELED AFTER THE CRASH BY DRAWING DOTTED LINES WITH ARROWS INDICATING DIRECTION. SHOW ANY AT-RISK PEDESTRIANS WITH SMALL CIRCLES AND INDICATE RAILROAD TRACKS WITH DASHED LINES. MARK YOUR VEHICLE WITH AN ASTERISK.

