SHAWNEE STATE UNIVERSITY

Vehicle Accident Report

Submit completed report to Risk Management via email: jvandeusen@shawnee.edu fax: 740.351.3413 Campus Mail: Massie Hall B51

For questions, please contact the Risk Management at 740.351.3310

		SSU DRIVE	R AND VEHICLE INF	ORMATION			
Date:		Time:	Location:				
Name:			Department:				
Driver Affiliatio	n:	Employee	Student Emp	loyee	Student		
Vehicle Information:							
Year:		Make:		Plate Num	nber:		
		State Vehicle	Rental**	[Equipment		
**If Rental: Rent	al Company		Rental	Agreement #:			
		OTHER EQUIPMENT	OR VEHICLE INFOR	RMATION (if a	applicable)		
Driver Name:				Phone:			
Insurance Com	npany/Phone:						
Vehicle Inform	nation:						
Year:		Make:		Plate Num	iber:		
ACCIDENT / INCIDENT INFORMATION (An official Police report can be attached in lieu of information below this line)							
•	c all that apply): Clear	Raining		Snowing		Fog	
	Sleeting	Dust/Smok		High Wind		Other	
Pavement:				-			
	Asphalt Steel	Concrete Wood		Gravel/Dirt BrickStone		Other	
Conditions:	-			DIICKSIONE			
	Dry _	Wet		Slippery		Pot Holes	
(- Other			-			
Seat Belt:		Jsed	Not Used	Γ	Damage Fo	und - Unknown Cause	
Air Bag Deploy	/ed:	Yes	No				
Was a citation	issued:	Yes	No	To Whom:			
		POL	ICE OFFICER ASSIS	STING			
Name:				Police Repor	t Made Y/N:		
City/State:				Report # (if k	nown <u>):</u>		

INJURIES - Describe nature of any apparent injuries

Driver Injury:	Other Driver Injury:					
Passengers:	Passengers:					
Name	Name					
	Injury					
Iniun	Name Injury					
i i jui y						
PROPERTY DAMAGE - Describe nature of damage						
Your Vehicle	Other Vehicle:					
Property othe	er than Vehicles:					
	WITNESSES (if not documented in police report)					
Name:	Name:					
Address:	Address:					
City/State:	City/State:					
Phone:	Phone:					
	ACCIDENT / INCIDENT DESCRIPTION					
Briefly tell how the accident happened. Provide as many details as possible.						