

University of Pittsburgh
Vehicle Accident Report Form

To be completed by the driver immediately following the accident (if medically able)
and return this completed form to Fleet Services, Dept of Parking & Transportation

Do not assume responsibility or promise payment for any claim.

Fax copy to: Risk Mgt 412-624-1817

A. Report Date: ____/____/____

B: Accident Data

Date of accident ____/____/____ Time ____:____AM/PM Weather conditions _____
Exact location of accident _____

Description of accident (*Identify exactly what happened and how it happened, use facts only*).

C: University Driver Data

Name of Driver _____ Birth Date ____/____/____ Age _____ M F
University Employee Student or Other (check one) _____ Department _____
Home Address _____ Phone Number ____/____-____
Business Address _____ Phone Number ____/____-____
I normally drive this vehicle? Yes No Years of service ____ Drivers license Number and State _____
Purpose of trip? _____
Were you injured? Yes No If yes, describe nature and extent of injury _____

D: University or Rental Vehicle Data

Owner: **University of Pgh:** Oakland Bradford Greensburg Johnstown Titusville Pymatuning Other
Year, Make, Model _____ Vehicle Number _____
VIN Number _____ Plate Number _____
Purpose of use _____
Describe Damage _____
_____ Damage Estimate \$ _____

E: Other Vehicle or Property Damage Data (If Applicable)

Name of other driver/property owner _____ Age _____ M F
Home Address _____ Phone Number ____/____-____
Business Address _____ Phone Number ____/____-____
Year, Make, Model _____ VIN Number _____ Plate Number _____
Describe damage to other vehicle or property _____

Was other party injured? Yes No If yes, describe nature and extent of injury _____

Other party's insurance company _____ Policy number _____
Agents name, address, phone number _____

F: Witness Data

Name _____ Phone Number _____ / _____ - _____

Address _____

Name _____ Phone Number _____ / _____ - _____

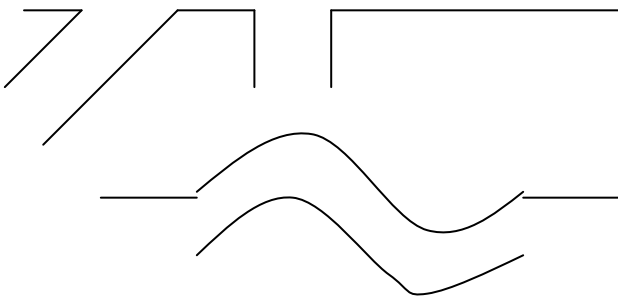
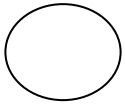
Address _____

Employee witness, Name and Department _____

Employee witness, Name and Department _____

G: Diagram The Position And Direction Of Vehicles And Pedestrians

Indicate North with an arrow



Signature of Person Completing this Report

Title

____/____/____
Date

Signature of Driver (Same as above)

Title

____/____/____
Date

Additional space to be used as necessary

