

University of Pennsylvania  
Office of Risk Management  
Vehicle Accident Incident Report

Date/Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Driver's Name and Address \_\_\_\_\_

Department: \_\_\_\_\_

Has Driver Completed Drivers Safety Program: \_\_\_\_\_ When? \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Department to Who Reported: \_\_\_\_\_

Officer Name and Badge No: \_\_\_\_\_

University Vehicle Information:

University Vehicle, owned/leased: \_\_\_\_\_

If leased, name of leasing company: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Insurance Information: Discover Property and Casualty Ins

Description of Damage: \_\_\_\_\_

Other Driver's Information:

Name & Address: \_\_\_\_\_

Telephone No: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Policy No: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Injuries:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Injuries: \_\_\_\_\_

Injured Passenger in:

University: \_\_\_\_\_ Other: \_\_\_\_\_

Witness:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Witness is a passenger in University vehicle: \_\_\_\_\_ other vehicle: \_\_\_\_\_

Pedestrian: \_\_\_\_\_

Please return this form to:

Office of Risk Management

421 Franklin Bldg/6205

Phone 215 898-4327 -- fax: 215 898-9802