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___________________________________PhoneNumber / -
Business Address__________________________________PhoneNumber / -

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_________________________________PhoneNumber / -
Business Address_________________________________PhoneNumber / -
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

Please Complete Page 2
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
___________________________________________________________________________________________________
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