

**University of Pittsburgh
Vehicle Accident Report Form**

*To be completed by the driver immediately following the accident (if medically able).
Return this completed form to Fleet Services within 24 hrs (maintenance@bc.pitt.edu) & Risk Management
(allclaims@cfo.pitt.edu). Please follow additional instructions below.*

A. Report Date _____ / _____ / _____

B: Accident Data

Date of Accident _____ / _____ / _____ Time _____ : _____ AM _____ PM Weather Conditions _____

Exact Street Location of Accident _____

City, State _____

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 _____ Driver's 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

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 _____ Phone Number _____ / _____ - _____

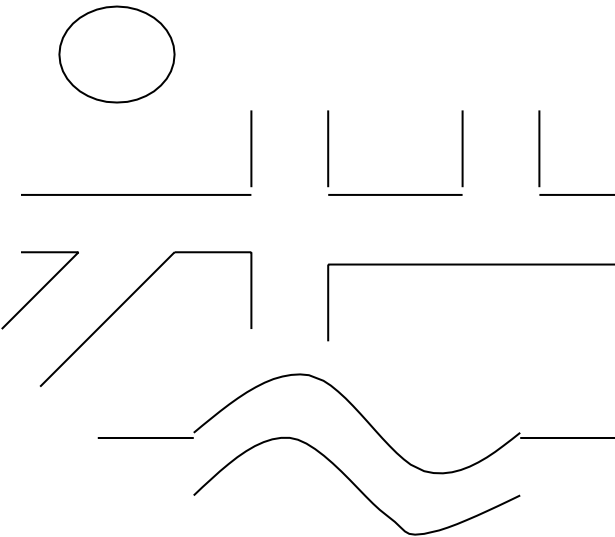
F: Witness Data

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.

Please follow these instructions for successfully completing the forms.

- Use only the latest version of Adobe Reader to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
 - Before completing the document, save the form (PDF format) to a location on your computer.
 - Open the form in Adobe Reader and complete all required fields.
- Save the file to your computer.
- Click the "Submit" button which will open an email window. Click send.

Note: Do not complete the form online within your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out.

Print

Clear

Submit