

# BOWLING GREEN STATE UNIVERSITY

## Vehicle Accident Report

Submit completed report to Risk Management via  
email: riskmgmt@bgsu.edu fax: 419.372.3135 Campus Mail: 1851 N. Research Drive  
For questions, please contact the Risk Manager at 419.372.2127

### BGSU DRIVER AND VEHICLE INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

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

Driver Affiliation:  Employee  Student Employee  Student

#### Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Plate Number: \_\_\_\_\_

State Vehicle  Rental\*\*  Equipment

\*\*If Rental: Rental Company \_\_\_\_\_ Rental Agreement #: \_\_\_\_\_

### OTHER EQUIPMENT OR VEHICLE INFORMATION (if applicable)

Driver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company/Phone: \_\_\_\_\_

#### Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Plate Number: \_\_\_\_\_

### ACCIDENT / INCIDENT INFORMATION

Weather (mark all that apply):

\_\_\_\_\_ Clear \_\_\_\_\_ Raining \_\_\_\_\_ Snowing \_\_\_\_\_ Fog  
\_\_\_\_\_ Sleetng \_\_\_\_\_ Dust/Smoke \_\_\_\_\_ High Wind \_\_\_\_\_ Other \_\_\_\_\_

Pavement:

\_\_\_\_\_ Asphalt \_\_\_\_\_ Concrete \_\_\_\_\_ Gravel/Dirt \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Steel \_\_\_\_\_ Wood \_\_\_\_\_ BrickStone

Conditions:

\_\_\_\_\_ Dry \_\_\_\_\_ Wet \_\_\_\_\_ Slippery \_\_\_\_\_ Pot Holes  
\_\_\_\_\_ Other

Seat Belt:  Used  Not Used  Damage Found - Unknown Cause

Air Bag Deployed:  Yes  No

Was a citation issued:  Yes  No To Whom: \_\_\_\_\_

### POLICE OFFICER ASSISTING

Name: \_\_\_\_\_ Police Report Made Y/N: \_\_\_\_\_

City/State: \_\_\_\_\_ Report # (if known): \_\_\_\_\_

INJURIES - Describe nature of any apparent injuries

Driver Injury: \_\_\_\_\_ Other Driver Injury: \_\_\_\_\_

Passengers: \_\_\_\_\_ Passengers: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Injury \_\_\_\_\_ Injury \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Injury \_\_\_\_\_ Injury \_\_\_\_\_

PROPERTY DAMAGE - Describe nature of damage

Your Vehicle: \_\_\_\_\_

Other Vehicle: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property other 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.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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