

BOWLING GREEN STATE UNIVERSITY

Vehicle Accident Report

Submit completed report to Risk Management via
email: riskmgmt@bgsu.edu 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:

POLICE OFFICER ASSISTING

Name: _____ Police Report Made Y/N: _____

City/State: Report # (if known):

ACCIDENT / INCIDENT DESCRIPTION

Briefly tell how the accident happened. Provide as many details as possible. Include and injuries or property damage.

