



WEBER STATE UNIVERSITY

Risk Management

Vehicle Accident Reporting Form

INSTRUCTIONS TO WSU DRIVERS

1. Contact Campus or local Police
2. Get immediate medical attention as needed
3. Contact your supervisor
4. Contact Environmental Health & Safety
5. Complete this form in addition to Police reports/driver information exchange and submit to Risk Management

UNIVERSITY EMPLOYEE INFORMATION	Name	Employee ID W#	Driver License #	Department
	Email	Campus Phone	Mail Code	

TIME AND PLACE OF ACCIDENT	Date	Time AM/PM	City	State	
	Police Agency Responding		Police Report #	Were Your Cited?	Wearing Seatbelt?

UNIVERSITY VEHICLE	WSU Vehicle #	License Plate #	Make	Model	VIN#
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HOW DID THE ACCIDENT HAPPEN	Detail Explanation of the Accident/Incident
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DAMAGE TO UNIVERSITY VEHICLE	Damage to University Vehicle
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OTHER DRIVER AND VEHICLE OR PROPERTY INFORMATION	Name of Driver		Address		Phone #
	Make	Model	License Plate #	Insurance Carrier	Policy #
	Vehicle/Property Owner if different from Driver				Driver Cited?
	Damage to Vehicle/Property				

Signature of Driver	Print Name	Date of this Report		
Signature of Supervisor	Print Name	Date Signed	Campus Phone	