



VEHICLE ACCIDENT REPORT

PURPOSE: This form is used to record facts of any accident involving University vehicle, rental car or personal vehicle if being used for University business. Any accident involving a Mercy College vehicle, regardless of severity, location, or fault, must be reported immediately to the law enforcement authority within the jurisdiction where the accident occurred and to the College's Office of Safety and Security 914-674-9999.

All information on this form is important and must be obtained at the time of the accident. If for some reason (such as injuries) all the information cannot be secured immediately, the form must be submitted within 24 hours.

Date: \_\_\_\_\_ Time of Accident: \_\_\_\_\_
Place of Accident: \_\_\_\_\_

University's Vehicle

Driver's Name: \_\_\_\_\_ Department: \_\_\_\_\_
License No. & State of Issuance: \_\_\_\_\_
Address: \_\_\_\_\_
Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Vehicle Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_
Describe Damage: \_\_\_\_\_

Other Driver's Vehicle

Other Driver's Name: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_
License No: \_\_\_\_\_
Owner's Name & Phone
(if different): \_\_\_\_\_
Address: \_\_\_\_\_
Describe Damage: \_\_\_\_\_
Insurance Co. & Policy No.: \_\_\_\_\_

Weather: (Circle) Sunny, Cloudy, Raining, Snowing, Other \_\_\_\_\_
Road Conditions: (Circle) Dry, Wet, Snow Covered, Icy, Other \_\_\_\_\_

Description of Accident - Include direction your car was going and its speed; same for other car. Label streets and indicate traffic controls. Mercy car is always #1.

Large empty box for accident description.

Persons Injured
Names \_\_\_\_\_ Address \_\_\_\_\_

Witnesses (Including Passengers)
Names \_\_\_\_\_ Address & Phone \_\_\_\_\_

This accident report has been properly completed and the vehicle was authorized for permissible use. I hereby grant Mercy College to release this form to its insurance carrier(s) for their use in evaluating a claim. I understand that I am entitled to a copy of this report upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_