

MARYWOOD UNIVERSITY
VEHICLE ACCIDENT REPORT

DATE OF REPORT: _____ DATE OF ACCIDENT _____.

TIME OF ACCIDENT: _____.

NAME OF DRIVER: _____.

DATE OF BIRTH: _____ UNIVERSITY STATUS: _____.

HOME ADDRESS: _____.

PHONE: _____.

DRIVER'S ADDRESS ON CAMPUS, if applicable: _____.

DRIVER'S LICENSE NUMBER: _____ STATE: _____.

YEAR, MAKE, AND MODEL OF VEHICLE OF DRIVER: _____.

NAME OF OWNER OF VEHICLE: _____.

INSURANCE POLICY NUMBER: _____.

NAME OF INSURANCE COMPANY: _____.

**ACCIDENT DESCRIPTION (INCLUDING LOCATION WHERE ACCIDENT OCCURRED,
HOW ACCIDENT OCCURRED, INJURIES SUSTAINED)**

WITNESS(ES) TO ACCIDENT: _____.

ADDRESS: _____ PHONE: _____.

REFERRAL TO HEALTH SERVICES, EMERGENCY ROOM, HEALTH SERVICES, OR
PHYSICIAN: _____.

POLICE CONTACTED? YES NO

NAME OF POLICE DEPARTMENT CONTACTED: _____.

NAME OF PERSON COMPLETING THIS FORM: _____.

SIGNATURE: _____.