Northeastern University
ORS 9-2016

Vehicle Accident/Incident Report

Instructions: In case of an accident involving driving on university business, the driver of the vehicle must:

1. Report the accident promptly to a local law enforcement agency and obtain a copy of the officer's report.
2. Contact your supervisor and fleet manager or rental company as soon as practical to report the accident.
3. Within 24 hours of the accident, submit this completed & signed form to your supervisor and the Office of Risk Services.

Dept/ Campus. Location			
College Name	Department/Campus		
Supervisor's Name		Phone Number ( )	
Street Address	City	ZIP + 4	

Location of the Accident			
Street/Highway			Accident Date (mm/dd/ccyy)
City	County	State	Accident Time ☐ AM ☐ PM

Vehicle Information ☐ University ☐ Rented Personal				
State Vehicle Owner Agency/Dept. Name	Reason for Vehicle Use			
Year	Make/Model	Body Type	Mileage	Color
Fleet Number	Vehicle Identification Number		License Plate Number	
Describe Parts Damaged	Circle numbered areas of vehicle damage. (diagram: Rear / Front, areas 1–8)			

Information on Driver				
Driver Name	☐ Driver Injured ☐ Wearing Seat Belt	Home Phone ( )	Work Phone ( )	
Email Address	Date of Birth	Driver's License Number		
Work Address	City	State	ZIP + 4	
Home Address	City	State	ZIP + 4	
Were There Passengers in This Vehicle? ☐ Yes ☐ No If Yes, List Names: ________________ ________________	Injuries ☐ Yes ☐ No ☐ Yes ☐ No	Wearing Seat Belt ☐ Yes ☐ No ☐ Yes ☐ No		

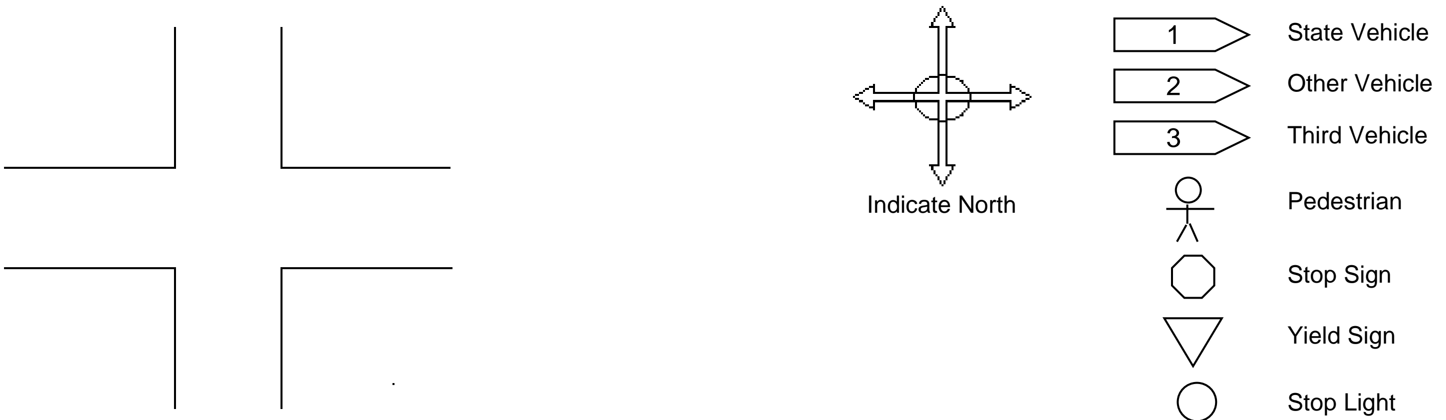
Other Party(s) Involved (add additional sheets if more than one other party involved)			
(Please indicate what type of property was damaged.) ☐ automobile ☐ fence ☐ building ☐ guard rail ☐ other ____________	Describe Parts Damaged	If automobile, circle numbered areas of vehicle damage. (diagram: Rear / Front, areas 1–8)	
Property Owner (if different from driver)	Home Phone ( )	Work Phone ( )	
Home Address	City	State	ZIP + 4
Year	Make/Model	Body Type	License Plate Number
Vehicle Identification Number	Insurance Company	Phone ( )	
Agent Name	Address		
Driver Name	☐ Driver Injured ☐ Wearing Seatbelt	Home Phone ( )	Work Phone ( )
Home Address	City	State	ZIP + 4
Driver's License Number			
Were there passengers in this vehicle? ☐ Yes ☐ No If Yes, List Names: ________________ ________________	Injuries ☐ Yes ☐ No ☐ Yes ☐ No	Wearing Seat Belt ☐ Yes ☐ No ☐ Yes ☐ No	

Was the accident investigated by a law enforcement agency? ☐ Yes ☐ No	Were photographs taken at the scene? ☐ Yes ☐ No	By whom?
Name of the Investigating Officer	Law Enforcement Agency Name	Case Number
Were citations issued? ☐ Yes ☐ No	To whom?	
Road Conditions ☐ Wet ☐ Dry ☐ Icy ☐ Other ______	Did the state vehicle have lights on? ☐ Yes ☐ No ☐ Bright ☐ Dim	Did the other vehicle have lights on? (if other vehicle involved) ☐ Yes ☐ No ☐ Bright ☐ Dim
At what speed were you (state vehicle) traveling?	At what speed was the other vehicle traveling?	Posted Speed Limit
What traffic controls were in effect?	For whom?	Who had the right of way?
What signals were given by you?	What signals were given by the other driver?	
What did you do to avoid the accident?	What did the other driver do to avoid the accident?	

Witness Information	Name of Witness		
	Home Address		Phone Number ( )
	City	State	ZIP + 4

Driver Description of the Accident/Incident ☐ Attached sheets include additional description, witness and passenger information.

Please complete this diagram. Indicate names of streets, direction, position of vehicles and point of contact. Use a solid line to show path before the accident and a dotted line to show path after the accident.



As the driver of the state owned vehicle described in this report, I acknowledge that all information provided is true and accurate to the best of my knowledge.

Scope of Employment Statement

As supervisor of this position, I affirm that the individual named driver was operating the vehicle within his or her authorized scope of employment at the time of the accident. ☐ Yes ☐ No

Signature of Driver (*Required*)	Date (mm/dd/ccyy)	Signature of Supervisor (*Required*)	Date (mm/dd/ccyy)