



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 _____