



## Motor Vehicle Accident Form

*The College Authorized driver should complete this form to report an accident that involved a College owned or insured (rented) vehicle. Complete all sections, send a copy to Environmental Health & Safety Manager: Sara Gibson, Mgr. EH&S, Physical Plant [sgibson@harpercollege.edu](mailto:sgibson@harpercollege.edu) fax: 847-925-6923*

**Details of Accident**

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  AM or  PM  
 Weather Conditions: \_\_\_\_\_ Road Conditions: \_\_\_\_\_  
 Police investigate?  Yes  No Town: \_\_\_\_\_  
 Location of Accident: \_\_\_\_\_  
 Description of Accident (attach additional sheets if needed): \_\_\_\_\_

**College Authorized Driver and Vehicle Information**

Driver Name: \_\_\_\_\_  
 Employee  Student  Other(describe) Drivers License # : \_\_\_\_\_ State: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Plate # \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Passengers?  Yes  No If yes, name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 2<sup>nd</sup> Passenger?  Yes  No If yes, name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Describe Vehicle Damage: \_\_\_\_\_

**Other Driver and Vehicle Information**

Driver Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Driver's Licence # \_\_\_\_\_ Birth Date: \_\_\_\_\_ Plate # \_\_\_\_\_ Plate State: \_\_\_\_\_  
 Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_  
 Passengers?  Yes  No If yes, name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 2<sup>nd</sup> Passenger?  Yes  No If yes, name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance Policy #: \_\_\_\_\_ Ins. Company \_\_\_\_\_  
 Owner (if not driver): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Describe Vehicle Damage: \_\_\_\_\_

**Injuries** (if more than one person injured, attach additional sheets)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employee  Student  Other(describe) \_\_\_\_\_  
 Describe injury: \_\_\_\_\_  
 Medical Assistance Provided?  Yes  No If yes, by whom? \_\_\_\_\_

**Witnesses** (other than passengers. If more witnesses, attach additional sheets)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_