

University of Pittsburgh  
Vehicle Accident Report Form

*To be completed by the driver immediately following the accident (if medically able)  
and return this completed form within 24 hours to:*

*Fleet Services, [maintenance@bc.pitt.edu](mailto:maintenance@bc.pitt.edu)  
Willis Towers Watson, [carol.marx@willistowerswatson.com](mailto:carol.marx@willistowerswatson.com)  
& Risk Management, [allclaims@cfo.pitt.edu](mailto:allclaims@cfo.pitt.edu)*

**A. Report Date**

**B: Accident Data**

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_<sup>(HH:MM)</sup> AM PM Weather Conditions \_\_\_\_\_  
Exact Street Location of Accident \_\_\_\_\_  
City, State \_\_\_\_\_  
Description of Accident (*Identify exactly what happened and how it happened, use facts only.*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C: University Driver Data**

Name of Driver \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ M F  
University Employee Student or Other  (check one) Department \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
I normally drive this vehicle? Yes  No Years of Service \_\_\_\_\_ Driver's License Number and State \_\_\_\_\_  
Purpose of Trip? \_\_\_\_\_  
Were you injured? Yes No If yes, describe nature and extent of injury  
\_\_\_\_\_  
\_\_\_\_\_

**D: University Vehicle Data**

Owner: **University of Pgh: Oakland** Bradford Greensburg Johnstown Titusville Pymatuning Other  
Year, Make, Model \_\_\_\_\_ Vehicle Number \_\_\_\_\_  
VIN Number \_\_\_\_\_ Plate Number \_\_\_\_\_  
Purpose of Use \_\_\_\_\_  
Describe Damage \_\_\_\_\_  
Damage Estimate \$ \_\_\_\_\_

**E: Other Vehicle or Property Damage Data (If Applicable)**

Name of Other Driver/Property Owner \_\_\_\_\_ Age \_\_\_\_\_ M F  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Year, Make, Model \_\_\_\_\_ VIN Number \_\_\_\_\_ Plate Number \_\_\_\_\_  
Describe damage to other vehicle or property  
\_\_\_\_\_  
\_\_\_\_\_  
Was other party injured? Yes No If yes, describe nature and extent of injury  
\_\_\_\_\_  
Other Party's Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

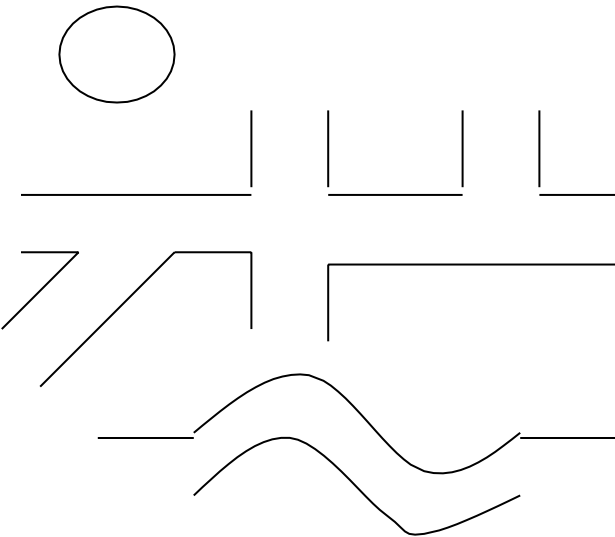
**F: Witness Data**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Employee Witness, Name and Department \_\_\_\_\_  
Employee Witness, Name and Department \_\_\_\_\_

**G: Diagram the Position and Direction of Vehicles and Pedestrians**

Indicate North with an arrow



\_\_\_\_\_  
Signature of Person Completing this Report

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Driver (Same as above )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Additional space to be used as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Please follow these instructions for successfully completing the forms.

- Use only the latest version of Adobe Reader to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
  - Before completing the document, save the form (PDF format) to a location on your computer.
  - Open the form in Adobe Reader and complete all required fields.
- Save the file to your computer.
- Click the "Submit" button which will open an email window. Click send.

Note: Do not complete the form online within your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out.

**Print**

**Clear**

**Submit**