

VEHICLE ACCIDENT REPORT



Return to Risk Services, Attn. Claims Manager
 Northeastern University, 360 Huntington Avenue, 122 SS, Boston MA 02115
 Fax: (617)-373-8996 email: c.paluf@neu.edu
 Questions? Call (617) 373-2690

INCIDENT INFORMATION

NORTHEASTERN UNIVERSITY VEHICLE:

Vehicle UM Number: _____ Deductible Account Number: _____
 Purpose of Trip: _____ Dept. _____ Reported To: _____
 Date of Accident: _____ Time of Accident: _____
 Address Where Incident Occurred: _____

 Police Investigation Performed? Yes: ___ No: ___
 Citation Issued? Yes: ___ No: ___ To whom? _____
 Officer's Name: _____
 City or Dept: _____
 Police Report #: _____

CONDITIONS (circle one of each)		
ROAD	Dry	Straight
	Wet	Curve
	Snowy/Icy	Intersection
	Other (specify)	Grade
		Level
WEATHER		
	Clear	Snow
	Cloudy	Fog
	Rain	Other: _____
LIGHT		
	Daylight	Dusk
	Dawn	Dark

PARTIES INVOLVED

NORTHEASTERN UNIVERSITY DRIVER:

Name: _____ Age _____ Operator's License Number: _____
 Select One: Student Faculty/Staff: _____ Department _____
 Address: _____ Home Phone: _____
 _____ Cell: _____
 _____ Fax: _____
 _____ Email: _____

OTHER DRIVER:

Name: _____ Age _____
 Insurance Company: _____ Operator's License Number: _____
 Select One: Student Faculty/Staff: _____ Non-NU Affiliated
 _____ Department _____
 Address: _____ Home Phone: _____
 _____ Cell: _____
 _____ Fax: _____
 _____ Email: _____

INJURED PARTIES:

Name: _____ Age _____
 Address: _____ CIRCLE ONE: NEU's Car Other Car Pedestrian
 Injuries: _____ Where taken after accident: _____
 Name: _____ Age _____
 Address: _____ CIRCLE ONE: NEU's Car Other Car Pedestrian
 Injuries: _____ Where taken after accident: _____

WITNESSES:

NAME	NEU's Car	Other Car	Not Involved	ADDRESS	PHONE #

DAMAGES

PLEASE TAKE PICTURES IF A CAMERA IS AVAILABLE

NORTHEASTERN VEHICLE:

Nature of Loss: _____

Parts Damaged and Extent: _____

DAMAGE OF PROPERTY TO OTHERS:

Owner _____ Address: _____

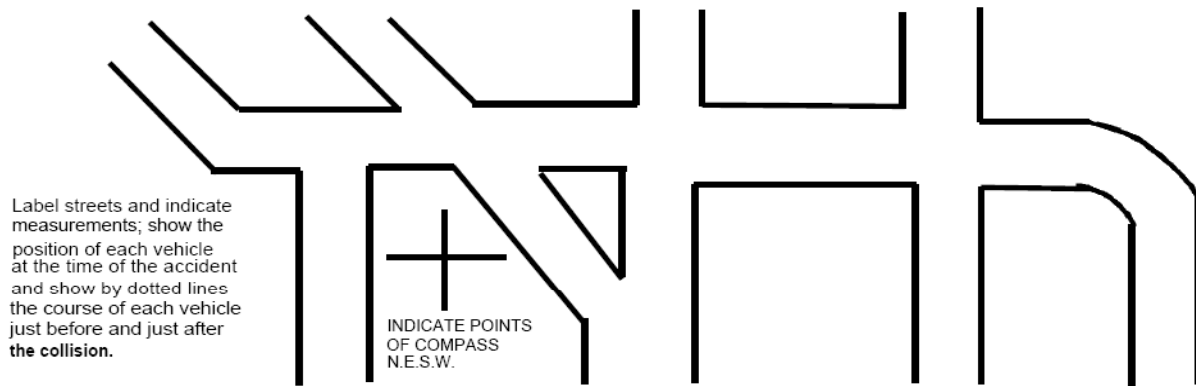
Other Driver: _____ Address: _____

Automobile Make & Year: _____ License Plate No. _____ Name of Insurance Company: _____

Nature and Extent of Damage: _____

ACCIDENT DESCRIPTION

SHOW HOW ACCIDENT OCCURRED USING THIS DIAGRAM:



GIVE STREET NAMES, DIRECTIONS, AND LOCATIONS OF OBJECTS INVOLVED

DRIVERS' STATEMENT:

Please clearly describe below how the incident occurred, providing direction and speed of vehicles, width of streets, condition of road surface/surroundings etc.

SIGNATURE

I certify that these losses were sustained as a result of the incident described above and that this information is true and accurate to the best of my knowledge:

Department Approval _____ Date _____

Claimant Signature _____ Date _____

FOR OFFICE USE ONLY

Risk Management Approval _____ Date _____

Risk Management Denial _____ Date _____

Reason for Denial of Claim: _____