Stetson Vehicle Accident Report
(Please complete as thoroughly as possible & send/email to Risk Management/Terry Gordon)

Stetson Driver’s Name: ____________________________________ Dept. ______________________
Work Phone# _________________________ Home/Cell ___________________________
Supervisor Name ______________________ Supervisor Phone _______________________
Date of Accident ___________ Approx. Time _________ AM / PM
Vehicle Info: Year _______ Make ____________________ Model _________________________
Color ___________ VIN# ____________________ Tag# __________________
Vehicle Is: University Owned ____ Univ Leased ____ Rental Veh ____ Personal ____
Accident Location (Need street name, or Bldg address if parking lot)____________________

Weather: _____ Clear _____ Rain _____ Fog _____ Other ___________________________
Reason for Travel: _________________________________________________________________
Going From ___________________________ Traveling To _____________________________
Description of What Happened: (attach extra page if needed)____________________________

Vehicle Damages/ Stetson (if any)_____________________________________________________
Vehicle driveable? Y N  Air bag deploy? Y N
Stetson Driver Injuries (if any)________________________________________________________________________
Passenger Name(s) – if any: ___________________________ Phone_____________________
Passenger Injuries (if any)______________________________________________________________________

Law Enforcement Agency in Attendance (if any): _______________________________________
(ie. DeLand Police Dept, Fla State Trooper, Vol Co. Sheriff, etc)
Officer Name ___________________________ Badge # _______________________
Police/ Accident Report Number ___________________________ Phone# ______________________
Citation issued to you? _____ Yes _____ No  Citation issued to Other Driver? _____ Yes _____ No
OTHER DRIVER INFORMATION:

Other Driver Name: ____________________________________________  Phone: __________

Address: ___________________________________________________________________________

License # _______________________________  State of Lic: ______________________________

Other Driver Vehicle Info: Year __________  Make _______________  Model __________

Color ______________  Vin# __________________________________  Tag# __________

Other Driver Auto Insurance Company: ________________________________________________

Auto Policy# ____________________ Insurance Company/ Agent Phone# ____________________

Other Driver Vehicle Damages (if any) __________________________ (driveable? Y / N)

Other Driver Injuries (if any) __________________________ (air bag deploy? Y / N)

Number of Passengers _____  Names: _________________________________________________

Passengers Injured? _____Yes _____No

Any Other Witnesses? _____Yes _____No  If Yes, Please give Name, Address, Phone, Etc:
1. ______________________________________________________________________________

2. ______________________________________________________________________________

Damages to Other Structures? (ie. buildings, fence, pole, sign, shrubbery, etc) _____Yes _____No

If Yes, please describe: _______________________________________________________________________________________

Any Other Comments or Information:

Note: Please Email or Fax This Form to Risk Management/ Terry Gordon: tgordon@stetson.edu
Fax: 386-822-8873  Or send Campus Mail: Attn: Terry Gordon- Unit 8420 - Phone: 386- 822-7701

(01/13)