

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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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Any Other Comments or Information:

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