

KENT STATE UNIVERSITY
FLEET SERVICES - RISK MANAGEMENT
Equipment, Vehicle & Vessel Accident / Incident Report
6/29/2022

Complete report and submit to: Fleet Services, 1781 Summit St. Kent, Ohio 44242 and Risk Management
310 Harbourt Hall, Kent, OH 44242

Fleet Services: (330) 672-1970
Fax: (330) 672-9718
Email: fleetservices@kent.edu

Risk Management: (330) 672-1949
Fax: (330) 672-3662
Email: compliance@kent.edu

KSU DRIVER AND EQUIPMENT, VEHICLE OR VESSEL INFORMATION

Date _____ Time _____ Location _____

Name _____ KSU Department _____

Home Address/City/State/Zip _____

Driver's License Number: _____ Licensing State: _____

Vehicle Information:

Year _____ Make _____ License Number _____ Serial No: _____

Enterprise Rental Fleet Rental Damage Found - Unknown Cause

OTHER EQUIPMENT, VEHICLE OR VESSEL INFORMATION

Driver Name _____ Phone: _____

Home Address / City / State / Zip _____

Driver's License Number: _____ Licensing State: _____

Insurance Company/Phone _____

Owner Name (if other than driver) _____

Address of Vehicle Owner _____

Vehicle Information:

Year _____ Make _____ License Number _____ Serial No: _____

ACCIDENT / INCIDENT INFORMATION

Weather:

_____ Clear _____ Raining _____ Snowing _____ Fog
_____ Sleetng _____ Dust/Smoke _____ High Wind _____ Other _____

Pavement:

_____ Asphalt _____ Concrete _____ Gravel/Dirt _____ Other _____
_____ Steel _____ Wood _____ BrickStone

Conditions:

_____ Dry _____ Wet _____ Slippery _____ Pot Holes
_____ Other

Seat Belt: Used Not Used

Air Bag Deployed: Yes No

Was a citation issued: Yes No To Whom: _____

POLICE OFFICER ASSISTING

Name _____ Badge No. _____ Police Report Made: ____ Yes ____ No

City _____ Citation issued: _____

Report Number: _____

INJURIES - Describe nature of any apparent injuries

Driver Injury: _____

Other Driver Injury: _____

Passengers:

Name _____

Address _____

Injury _____

Name _____

Address _____

Injury _____

Passengers:

Name _____

Address _____

Injury _____

Name _____

Address _____

Injury _____

PROPERTY DAMAGE - Describe nature of damage

Your Vehicle: _____

Other Vehicle: _____

Property other than Vehicles: _____

WITNESSES

Name _____

Address _____

City/State _____

Phone _____

Name _____

Address _____

City/State _____

Phone _____

ACCIDENT / INCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length of position of any skid marks.
