KENT STATE UNIVERSITY

FLEET SERVICES - RISK MANAGEMENT

Equipment, Vehicle & Vessel Accident / Incident Report 6/4/2012

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) 672-0818

Report Number:

Risk Management: (330) 672-1949

Fax: (330) 672-5313

Fax: (330) 672-3662

KSU DRIVEI	R AND EQUIPMENT, VEHICLE OR VESS	EL INFORMATION	
Date Tim	e Location		
Name	KSU Department		
Home Address/City/State/Zip			
Driver's License Number:		ing State:	
Vehicle Information:			
Year Make	License Number Serial N	0:	
Enterpris	e Rental Fleet Rental	Damage Found - Unknown Cause	
OTHER	R EQUIPMENT, VEHICLE OR VESSEL IN	FORMATION	
Driver Name	Pho	ne:	
Home Address / City / State / Zip			
Driver's License Number:		ing State:	
Insurance Company/Phone			
Owner Name (if other than driver) Address of Vehicle Owner			
	Vehicle Information:		
Year Make	License Number Serial N	0:	
ACCIDENT / INCIDENT INFORMATION			
Weather:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···	
Clear	RainingSnowing		
Sleeting	High Wi	nd Other	
Pavement:			
Asphalt	Concrete Gravel/I Wood BrickSto		
Steel	BrickSto	ne	
Conditions:	Wat	Det Helee	
Dry Other	WetSlippery	Pot Holes	
Seat Belt: Used	Not Used		
Air Bag Deployed: Yes	No		
Was a citation issued: Yes	No To Who	m:	
POLICE OFFICER ASSISTING			
Name	Badge No	Police Report Made:YesNo	
City	Citation issued:		

INJURIES - Describe nature of any apparent injuries			
Driver Injury:	Other Driver Injury:		
Passengers: Name	Passengers: Name		
71441000	7.441000		
Injury	Injury		
Name	Name		
Address	Address		
Injury	Injury		
P	ROPERTY DAMAGE - Describe nature of damage		
Your Vehicle:	Other Vehicle:		
Property other than Vehicles:			
	WITNESSES		
Name	Name		
Address	Address		
City/State	City/State		
Phone	Phone		
			
	ACCIDENT / INCIDENT DESCRIPTION		
	ned. Indicate movement of involved vehicles when hazard was first ive action taken and length of position of any skid marks.	noticed, warning	