

**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 Harbour 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  
\_\_\_\_\_ Sleet \_\_\_\_\_ 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

Other Driver Injury: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Injury \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Injury \_\_\_\_\_

## PROPERTY DAMAGE - Describe nature of damage

Other Vehicle: \_\_\_\_\_

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## WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Phone \_\_\_\_\_

## ACCIDENT / INCIDENT DESCRIPTION

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