



**VEHICLE/EQUIPMENT INCIDENT/ACCIDENT REPORT**  
 Memorial University of Newfoundland  
 Facilities Management  
 fleet@mun.ca

**Note:** All fields must be completed (if applicable), however, fields outlined in red are necessary to open a claim. Reports received with incomplete red fields will be returned resulting in a delay of your claim.

File # \_\_\_\_\_  
 (For Fleet Management Only)

**Department:** \_\_\_\_\_ **Veh. Ref. No.** \_\_\_\_\_

**Make of Vehicle:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_

**Licence No.:** \_\_\_\_\_ **Estimate of Damage:** \_\_\_\_\_

**Describe Damage:** \_\_\_\_\_

**Name of Driver:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **State any Physical Disabilities:** \_\_\_\_\_

**Purpose vehicle used for at time of accident:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_ **Full Business Address:** \_\_\_\_\_

**Residence Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Driver's Licence No.:** \_\_\_\_\_ **How Long Driving:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Daylight** **Dusk** **Dark** **Weather Conditions:** \_\_\_\_\_

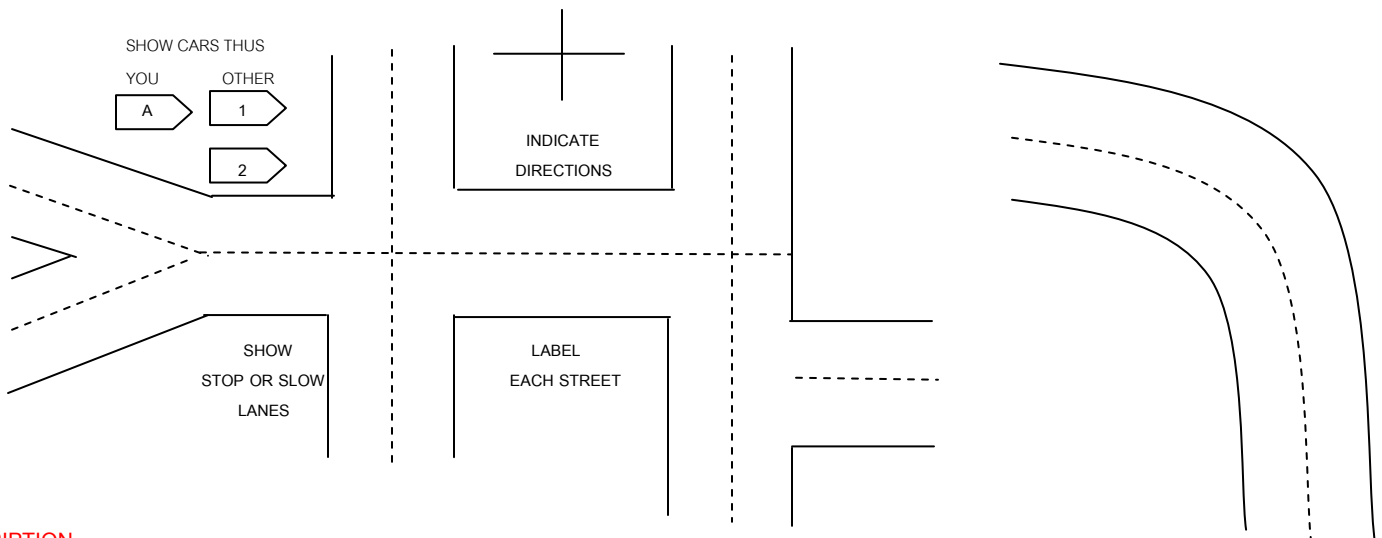
**Your Speed:** \_\_\_\_\_ **Direction:** \_\_\_\_\_ **Other's Speed:** \_\_\_\_\_ **Direction:** \_\_\_\_\_

**Police Investigation by:** \_\_\_\_\_ **Charges:** \_\_\_\_\_

DAMAGE OF PROPERTY OF OTHERS	NAME		PHONE		NAME		PHONE		
	ADDRESS		POSTAL CODE		ADDRESS		POSTAL CODE		
	YEAR AND MAKE OF VEHICLE		LICENCE NO.		YEAR AND MAKE OF VEHICLE		LICENCE NO.		
	NAME OF INSURER		POLICY NO.		NAME OF INSURER		POLICY NO.		
	DESCRIPTION OF DAMAGES				DESCRIPTION OF DAMAGES				
	WHERE CAN VEHICLE BE INSPECTED?				WHERE CAN VEHICLE BE INSPECTED?				
PERSONS INJURED	NAME		AGE	ADDRESS		PHONE	NATURE OF INJURIES		HOSPITAL
	1								
	2								
	3								
WITNESSES	NAME			NAME			NAME		
	ADDRESS			ADDRESS			ADDRESS		
	PHONE			PHONE			PHONE		
	IN WHICH CAR?	YOUR CAR	OTHER CAR NO. 1	IN WHICH CAR?	YOUR CAR	OTHER CAR NO. 1	IN WHICH CAR?	YOUR CAR	OTHER CAR NO. 1
	OTHER CAR NO. 2	OTHER		OTHER CAR NO. 2	OTHER		OTHER CAR NO. 2	OTHER	

**DESCRIPTION OF ACCIDENT**

(Illustrate position of cars at the time of collision. Show skid marks. If any street is more than two lanes or is one way only, please indicate.)



**DESCRIPTION**

**DATE SIGNED:** \_\_\_\_\_ **SIGNATURE OF DRIVER:** \_\_\_\_\_