

NICOLET COLLEGE ACCIDENT REPORT FORM

DATE OF ACCIDENT _____ TIME _____

NAME: _____ PHONE _____

ADDRESS _____

TYPE OF VEHICLE OR EQUIPMENT INVOLVED _____

IF VEHICLE ACCIDENT, LIST PASSENGERS **AND** ATTACH A COPY OF BOTH SIDES OF YOUR
DRIVER'S LICENSE _____

WITNESSES _____

WERE THERE INJURIES RESULTING FROM THIS ACCIDENT? YES NO

IF YES, DESCRIBE IN DETAIL _____

HOW DID THIS ACCIDENT OCCUR? DESCRIBE IN DETAIL _____

COULD THIS ACCIDENT HAVE BEEN AVOIDED? YES NO

IF YES, DESCRIBE _____

SIGNATURE _____ DATE _____

PLEASE NOTE
IF THIS IS A PERSONAL VEHICLE ACCIDENT, YOU **MUST** PROVIDE
YOUR INSURANCE INFORMATION

**PLEASE FORWARD COMPLETED FORM AND REQUESTED INFORMATION
TO THE DIRECTOR OF FACILITIES**