

# University of Guelph Licensed Vehicle Incident Report

## Insured

Registered Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Lessee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Driver

Name: \_\_\_\_\_ Driver's Age \_\_\_\_ Driver's License No. \_\_\_\_\_

Vehicle was used for: Business \_\_\_\_ Pleasure \_\_\_\_

## Your Vehicle

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ U of G Vehicle ID No. \_\_\_\_\_

Serial No. (VIN) \_\_\_\_\_ License Plate No. \_\_\_\_\_

Describe Damage: \_\_\_\_\_ Estimate \$ \_\_\_\_\_

Where is vehicle now? \_\_\_\_\_

## Time and Place

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: \_\_\_\_\_

Place: \_\_\_\_\_

## Damage to Property of Others

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Driver: \_\_\_\_\_ Address: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Damage \_\_\_\_\_ Estimate \$ \_\_\_\_\_

## Persons Injured

Names:	Addresses:	Ages:
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Police

Yes \_\_\_\_ No \_\_\_\_ Name of Officer: \_\_\_\_\_ Badge No. \_\_\_\_\_ Station: \_\_\_\_\_

## Independent Witnesses

Names:	Addresses:	Ages:
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Adjuster

Name of Adjusting Company: \_\_\_\_\_ Date: \_\_\_\_\_

# University of Guelph Licensed Vehicle Incident Report

Description of Incident:

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Save and print this form. Obtain all required signatures and email the completed form to The University of Guelph, Associate Director for Risk and Insurance at [sasha@uoguelph.ca](mailto:sasha@uoguelph.ca), and the Manager, Transportation Services at [paulcook@uoguelph.ca](mailto:paulcook@uoguelph.ca).