



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: _____



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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 Treasury Operations at Treasury@uoguelph.ca, and Transportation Services at PR-vehicle@uoguelph.ca.