TEMPLE UNIVERSITY

# Vehicle Incident Report

## To Be Completed By Driver

Name: _____

Date of Incident: _____

Driver License #: _____

Location of Incident: _____

Nearest Intersection: _____

Any Injury? Yes / No (If yes, please explain below.)

_____

_____

_____

Where was the Damage to the University Vehicle? _____

_____

Was this a Temple University Van or Temple Leased Car? _____

Van # or License Plate #_____

What Police Department Responded? _____

**Other Vehicle Info** (if one was involved)

Year: _____ Make: _____ Model: _____Color: _____

License Plate #: _____ State: _____

Number of Occupants in Other Vehicle: _____

Any Witnesses – Please Provide Name(s) and Number(s): _____

_____

_____

**Description of Accident**

_____

_____

_____

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