



Nevada System of Higher Education (NSHE)

For State Use Only: State Claim No., Budget Acct. No., Coverage, Adjuster

Vehicle Accident Report for Business Center North – Risk Management

INSTRUCTIONS: (If you need more space, attach a separate sheet of paper)

- Complete as much information as possible at the scene. REPORT all accidents involving third parties, whether or not there is damage or injury. Cooperate with investigating officer(s) and the State's adjuster(s).

Send copy to BCN Risk Management WITHIN 48 HOURS:

BCN Risk Mgt. Fax: 775-784-4363
BCN Risk Mgt. Mail Stop 241
Email schaller@unr.edu

Date of Accident Time A.M. P.M. Location of Accident

OUR INFORMATION:

Driver's Name Agency/Dept
Office Address Bus. phone
Driver's Lic. No. State Expiration Date
Contact Person Title Phone
Vehicle ID No. (VIN) EX Plate No.
Year Make Model
Location of Vehicle

Describe damage to State vehicle: Windshield damage only; no other party involved

THEIR INFORMATION: Self-insurance card provided to driver/owner? Yes No

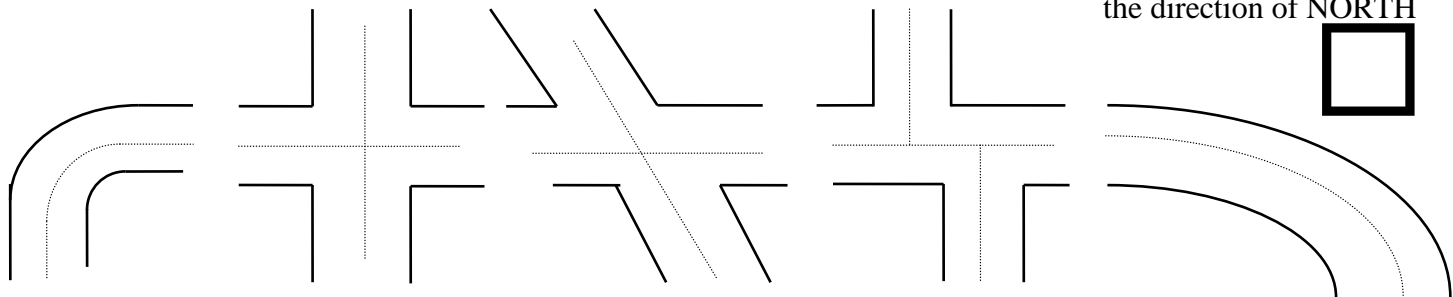
OWNER'S NAME Daytime Phone
Address City/State/Zip
Insurance Company Policy No. City/State
Insurance Agent Phone No.
Plate No. State Year Make Model
DRIVER'S NAME Daytime Phone
Address City/State/Zip
Driver's Lic. No. State Expiration Date
Describe damage to other vehicle and any injuries reported

EXPLAIN WHAT HAPPENED: _____

Accident Reported to (*NHP, Metro, Reno P.D., etc.*) _____ Report # _____
 Citations Issued? No Yes If "Yes," explain _____

Complete the following diagram showing direction and positions of automobiles involved.
 Clearly designate point of contact.

Indicate by arrow
 the direction of NORTH



_____ path before accident - - - - - path after accident + + + + + Railroad ◆ Stop Sign ○ Stop Light ☺ ↑ Pedestrian

WITNESSES: Witness card given/statement taken

Name	Address	Phone

PERSONS INJURED: (If injured person is a NSHE Employee, complete a Worker's Compensation Claim Form.)

Name	Address	Phone

Agency Information: Damage estimates attached Estimates will follow

NSHE Driver's Signature _____ Date _____

Reviewed by Department Head _____ Date _____