



RISK MANAGEMENT  
 Wilkes University  
 84 West South St.  
 Wilkes-Barre, PA 18766

Justin Kraynack  
 Chief Risk & Compliance Officer  
 570-408-4554  
[justin.kraynack@wilkes.edu](mailto:justin.kraynack@wilkes.edu)

**INCIDENT REPORT**  
**MOTOR VEHICLE ACCIDENT**

Email or fax completed form within 48 hours of incident. Email: [Justin.kraynack@wilkes.edu](mailto:Justin.kraynack@wilkes.edu) Fax: 570-408-4985

*The University driver should complete this form to report an accident that involved a University owned, leased or rented vehicle.*

ACCIDENT DETAILS			
Date of Incident:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Campus Responsible for Vehicle: _____
Weather Conditions:		Road Conditions:	
Location of Accident:			
City:	State:	Zip:	
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Town:	Report #:	
Officer Name:	<input type="checkbox"/> Local Police	<input type="checkbox"/> Sheriff	<input type="checkbox"/> State Police
Description of Accident ( <i>Attach additional sheets if needed</i> ):			

UNIVERSITY DRIVER AND VEHICLE INFORMATION			
Name:	Campus: _____	Dept: _____	
Birth Date:	Phone:	Email:	
<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Other:	Driver's License #:	State:	
Plate#:	Make:	Model:	Year:
Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone:	Email:
Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone:	Email:
Describe Vehicle Damage:			

OTHER DRIVER AND VEHICLE INFORMATION			
Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Driver's License #:	Birth Date:	Plate #:	Plate State:
Make:	Model:	Year:	Color:
Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone:	Email:
Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone:	Email:
Insurance Policy #:	Ins. Company:	Ins. Agency:	
Vehicle Owner:	Phone:	Email:	
Owner Address:	City:	State:	Zip:
Describe Vehicle Damage:			

INJURIES( <i>If more than one person injured, attach additional sheets</i> )			
Name:	Phone:	Email:	
Address:	City:	State:	Zip:
<input type="checkbox"/> Visitor	<input type="checkbox"/> Student	<input type="checkbox"/> Other:	Age, if minor:
Describe Injury:			

Witnesses ( <i>Other than passengers. If more witnesses, attach additional sheets</i> )			
Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Name:	Phone:	Email:	
Address:	City:	State:	Zip: