NICOLET COLLEGE ACCIDENT REPORT FORM

DATE OF ACCIDENT __________________________ TIME ______________________

NAME: __________________________________________________ PHONE: __________

ADDRESS ______________________________________________________________________

TYPE OF VEHICLE OR EQUIPMENT INVOLVED ________________________________________

IF VEHICLE ACCIDENT, LIST PASSENGERS AND ATTACH A COPY OF BOTH SIDES OF YOUR

DRIVER'S LICENSE ______________________________________________________________________

WITNESSES __________________________________________________________________________

WERE THERE INJURIES RESULTING FROM THIS ACCIDENT? YES □ NO □

IF YES, DESCRIBE IN DETAIL ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

HOW DID THIS ACCIDENT OCCUR? DESCRIBE IN DETAIL ______________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

COULD THIS ACCIDENT HAVE BEEN AVOIDED? YES □ NO □

IF YES, DESCRIBE ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

SIGNATURE __________________________________ DATE ______________________

PLEASE NOTE
IF THIS IS A PERSONAL VEHICLE ACCIDENT, YOU MUST PROVIDE
YOUR INSURANCE INFORMATION

PLEASE FORWARD COMPLETED FORM AND REQUESTED INFORMATION
TO THE DIRECTOR OF FACILITIES