

Accident Information

Date _____

Time _____

Your Vehicle Identification number _____

Location _____

Description of Accident _____

Additional Information (circle)

Weather clear rain snow overcast

Road Condition dry wet icy muddy potholes

Road Characteristics straight level curve grade

Number of lanes? one two three four

Divided Highway? yes no

Did either party receive a citation? yes no

Posted speed limit _____

My speed _____

Any other factors? yes no (list below)

Accident Report Checklist

If you are involved in an accident:

- ✓ **Stop your vehicle** if it's clear, safe and legal.
- ✓ **Turn off the ignition** of all vehicles.
- ✓ **Stay calm.** Don't argue with others involved in the accident.
- ✓ **Prevent additional accidents.** Warn oncoming traffic with a light, flag or similar device.
- ✓ **Help the injured.** Do not render first aid unless you are qualified. Call an ambulance, if needed.
- ✓ **Call the police.** Do not discuss the incident with anyone except the police.
- ✓ **Do not admit responsibility** for the accident nor sign any statement.
- ✓ **Do not disclose your policy limits** to anyone.
- ✓ **Complete the accident information** including witness information before leaving the scene of the accident.

Notify your employer that the accident occurred and provide the completed accident report forms.

Campus Contacts:

GSC - Penny Denoncour 513-1382

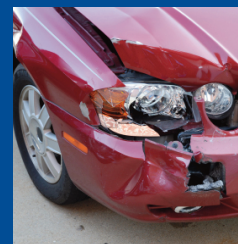
KSC - Renee Harlow 358- 2481

PSU - Heather Huckins 535-2249

UNH - Michael Amincangioli 862-0026

USNH - David Deluca 862-0945

If the vehicle was rented with a USNH Purchasing Card. Call 1-800-622-7747 to start the claim process



USNH Vehicle Accident Report

Drive Safely

Compliments of



INSURANCE SOLUTIONS

Accident Information

Name/Company Name of Vehicle Owner

Insurance Company

Policy Number

Your Vehicle (Vehicle #1)

Make & Model and Vehicle Identification Number

License Plate Number & State

Your Name

Address

Driver's License Number

Phone

Other Vehicle (Vehicle #2)

Make & Model

License Plate Number & State

Name

Address

Company Name (if applicable)

Phone

Insurance Company Name

Insurance Policy Number

Injuries

Other Vehicle (Vehicle #3)

Make & Model

License Plate Number & State

Name

Address

Company Name (if applicable)

Phone

Insurance Company Name

Insurance Policy Number

Injuries

Other Persons (Passengers/Pedestrians)

Name

Address

Injuries (if applicable)

Witnesses

Name

Address

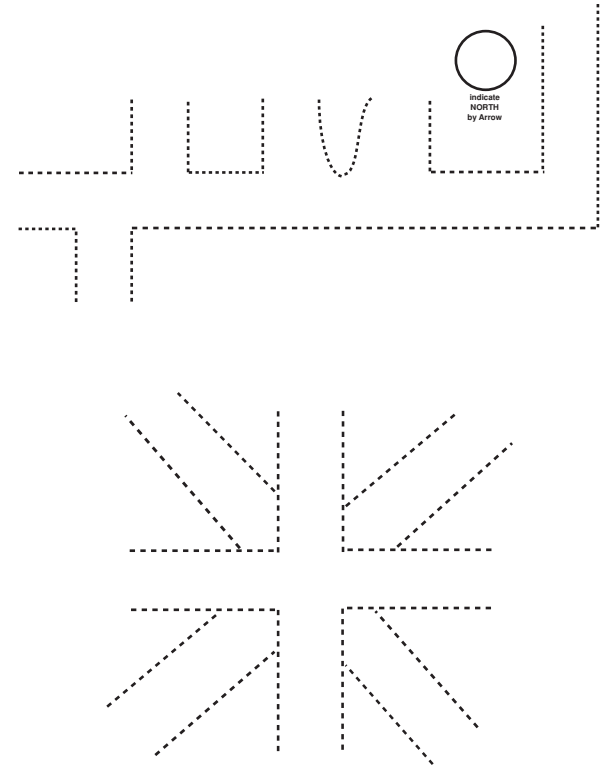
Name

Address

Name

Address

Using the template below, sketch a diagram of the accident.



Photographing the Scene

- ✓ Only take photos if it is safe to do so!
- ✓ Photograph all angles of the scene and the vehicles from all sides.
- ✓ Take photos of road conditions.
- ✓ Photograph any traffic devices (stop sign, traffic light, merge signs, etc.).