



**Vehicle Incident Report**

**Personal Information**

Driver's Full Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_ City Province Postal Code

Registered Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_

Driver Email: \_\_\_\_\_ Driver Phone #: \_\_\_\_\_

Driver's Licence #: \_\_\_\_\_

**Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN #: \_\_\_\_\_

Licence Plate #: \_\_\_\_\_ Damage Estimate \$: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_ City & Province: \_\_\_\_\_

Describe Damage: \_\_\_\_\_  
Where is Vehicle Now?: \_\_\_\_\_

**\*PLEASE ATTACH PICTURES OF VEHICLE DAMAGE TO FORM\***

**Damage to Vehicle of Others**

Owner: \_\_\_\_\_ Driver: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Driver Address: \_\_\_\_\_

Automobile: \_\_\_\_\_ Year: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Estimate \$: \_\_\_\_\_  
Describe Damage: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_

**\*PLEASE ATTACH PICTURES OF VEHICLE DAMAGE TO FORM\***

**Damage to Physical Property**

Damaged Property: \_\_\_\_\_ Owner: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Damage Estimate \$: \_\_\_\_\_  
Describe Damage: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_

**Persons Injured**

**All injuries must be reported to a supervisor immediately, so that they can report to Environmental Health and Safety.**

Name 1: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Contact Info 1: \_\_\_\_\_  
Injury 1: \_\_\_\_\_  
Name 2: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Contact Info 2: \_\_\_\_\_  
Injury 2: \_\_\_\_\_  
Name 3: \_\_\_\_\_  
Address 3: \_\_\_\_\_  
Contact Info 3: \_\_\_\_\_  
Injury 3: \_\_\_\_\_  
Name 4: \_\_\_\_\_  
Address 4: \_\_\_\_\_

Contact Info 4: \_\_\_\_\_  
Injury 4: \_\_\_\_\_

**Police at Scene**

Name: \_\_\_\_\_  
Driver Address: \_\_\_\_\_  
Badge #: \_\_\_\_\_ Station: \_\_\_\_\_

**\*PLEASE PROVIDE COPY OF POLICE REPORT (if applicable)\***

**Independent Witnesses**

Name 1: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Phone # 1: \_\_\_\_\_  
Name 2: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Phone # 2: \_\_\_\_\_  
Name 3: \_\_\_\_\_  
Address 3: \_\_\_\_\_  
Phone # 3: \_\_\_\_\_

**Driver Rental Vehicle Information (if applicable)**

Name of Rental Agency: \_\_\_\_\_  
Rental Agency Address: \_\_\_\_\_  
Did Your Purchase a Collision Damage Waiver?: \_\_\_\_\_

**\*PLEASE PROVIDE COPY OF RENTAL AGREEMENT\***

**Description of Accident**

**Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Print, Sign an Email this form to Bryan McGann, Insurance & Risk Manager**

Email: [insurance@queensu.ca](mailto:insurance@queensu.ca)

Mail: Risk and Safety Services, 355 King Street West (1st Floor West Wing)

Phone: 613-533-2005