



Nevada System of Higher Education (NSHE)

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

Vehicle Accident Report for Business Center South – 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 BCS Risk Management WITHIN 48 HOURS

BCN Risk Mgmt. Fax: 702-895-4690 BCS Risk Mgmt. Mail Stop 1042 Email: michael.means@unlv.edu michele.washington@unlv.edu

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

OUR INFORMATION:

Driver's Name Agency

Office Address Bus. phone

Driver's Lic. No. State Expiration Date

Contact Person Title Phone

Is this a MOTOR POOL vehicle? Yes No Vehicle ID No. (VIN)

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

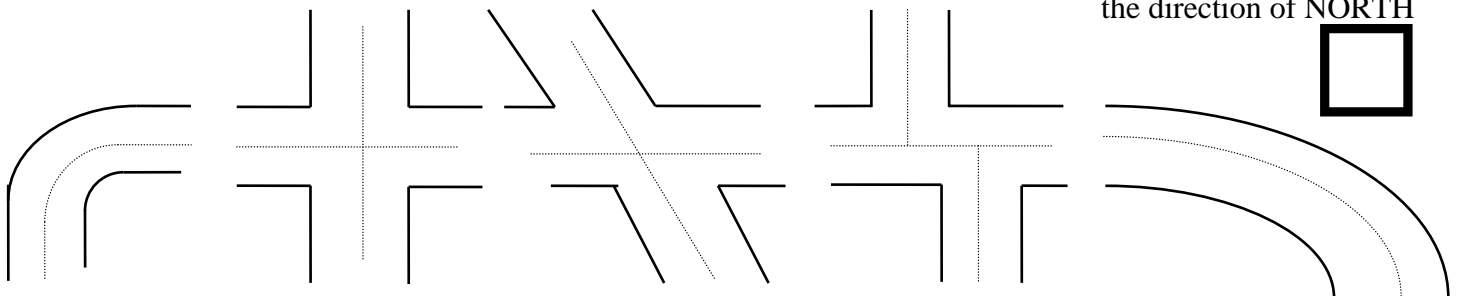
**EXPLAIN WHAT HAPPENED:**

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 \_\_\_\_\_