## Hamilton College Vehicle Accident Report Form

## **General Accident Information**

Date:	Time of Accident:
Vehicle ID (College Van # & License Plate #)	
Operator/Driver Name:	
Time 911 Called:	Time Campus Safety Called:
Location of Accident:	
Police Department that Responded:	

## **General Accident Description Details**

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Were there any student/passenger injuries	No Yes	
Were injured student(s)/passenger(s) transported via ambulance to a hospital? If yes,	□No □Yes	
please indicate where (if known) below, as well as the student/passenger names.		
Hospital Name:		
Injured Names:		
Were there any spills of hazardous liquids requiring cleanup? If yes, please indicate		
below who performed the cleanup.	NoYes	
Cleanup Details:		
Is the vehicle safe to drive so you may resume your trip?	No Yes	

## **Specific Accident Description Information**

Use the back of this sheet if more space is needed.
Signature: Date: