

MIT MOTOR VEHICLE ACCIDENT REPORT FORM

MIT Insurance Office

77 Massachusetts Ave. 12-090

PH: 617-324-5031

Fax: 617-253-1719

DATE:

Date of Accident _____

Time of Accident _____

Location

Of

Accident:

Highway/Street/Road on which accident occurred _____

City _____ State _____ Zip Code _____

Road Conditions _____

MIT

Vehicle

Info:

Year _____ Make & Model _____ Plate # _____

V.I.N _____ Employee's Name: _____

Employee's Address: _____ Phone #: _____

Other

Vehicle

Info:

Year _____ Make & Model _____ Plate #: _____

V.I.N _____ Driver: _____ Owner _____

Owner's Address: _____ Phone #: _____

D.O. B _____ Driver's License # _____

Insurance Company _____ Policy # _____

Property

Damage:

Describe Property _____

Owner: _____ Address: _____

Describe Damage: _____

Injured:

Name & Address: _____

Name & Address: _____

Name & Address: _____

MIT MOTOR VEHICLE ACCIDENT REPORT (Continued)

Witnesses
Or
Passengers:

Name & Address _____ Phone # _____
 Insured Vehicle Other Vehicle
 Name & Address _____ Phone #: _____
 Insured Vehicle Other Vehicle

Police Report
Citation
Issued

Police Report: Yes No If yes, please state which agency _____
 Case No. _____ Phone #: _____
 Officer Name _____ Charges: _____

Narrative
Of
Accident

Briefly describe how the accident occurred:

Diagram:
(Indicate North)

Accident Type (circle):

Head on Collision	Failed to yield right of way
Collision with Fixed Object	Hit in Side by other vehicle
Rear End Collision	Backed without safety
Changing Lanes Collision	Other _____
Passing/Turning Collision	_____
Collision with parked vehicle	_____

Supervisor's Signature _____ Title _____
 Driver's Signature _____ Date: _____

Please Note: You must notify the Insurance Office within 24 hours of an automobile accident. In addition, you must furnish a completed accident report within 48 hours to the Insurance office either by fax or mail.