

# 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.