

RISK MANAGEMENT
Wilkes University
84 West South St.
Wilkes-Barre, PA 18766

Justin Kraynack
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INCIDENT REPORT
MOTOR VEHICLE ACCIDENT

Email or fax completed form within 48 hours of incident. Email: Justin.kraynack@wilkes.edu Fax: 570-408-4985

ACCIDENT DETAILS			
Date of Incident:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Campus Responsible for Vehicle: _____
Weather Conditions:		Road Conditions:	
Location of Accident:			
City:	State:	Zip:	
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Town:	Report #:	
Officer Name:	<input type="checkbox"/> Local Police	<input type="checkbox"/> Sheriff	<input type="checkbox"/> State Police
Description of Accident (