

800 W. College Ave, St. Peter, MN 56082 507-933-8000

Accident/Incident Form

In case of emergency/accident/ incident of any sort:

Contact the college first at (507) 933-8888 (24 hours/day) to report incident and receive further instruction.

DAY/DATE: _____ Location: _____
Time: _____ a.m./p.m. _____

Name: _____
Driver's License Number: _____ State of Issue: _____ Birthdate: _____
Department/Organization: _____
Purpose of Travel: _____
Witnesses: _____

Description of Accident/Incident:

(Continue on back of form if more space is needed.)

Signature: _____

Other Driver Information:

Name: _____
Address: _____
Driver's License Number: _____ State of Issue: _____ Birthdate: _____
Insurance Company Name/Address/Agent: _____

Signature: _____ Date: _____

SEND TO CAMPUS SAFETY WITHIN 24 HOURS