**交通事故届**

NOTIFICATION OF TRAFFIC ACCIDENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 年Year |  | 月Month |  | 日Day |

**松本歯科大学長 殿**

**To the President of Matsumoto Dental University,**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 大学院歯学独立研究科Graduate School of Oral Medicine | 学籍番号Student ID No. | ID♯G |  | 番 |
| 氏名Name in Full |  | ㊞Signature |
| 生年月日Date of Birth |  | 年Year |  | 月Month |  | 日Day |

下記のとおりお届けします。

I hereby report a traffic accident.

記

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| --- | --- | --- |
| 事故の種別 *※該当するものに○をする。*Type of traffic accident / *Circle the appropriate item* | ・物損事故（けが人無し）No injury or death | ･人身事故(けが人有り)Injury or death |
| 事故発生日時Date & time accident occurred |  | 年 |  | 月 |  | 日（ |  | ） |  | 時 |  | 分頃 | 天候： |  |
| Year Month Day Time Weather |
| 事故発生場所Place accident occurred |  |
| 取扱警察署District police station |  |
| 相手方Other party | 氏名Name |  | 男 ･ 女Male Female | Age ( |  | )才 |
|  | 住所Address | 〒 | 　　　　　－ |
|  |
| TEL |  ( ) |
| 職業Occupation |  |
|  |
| 事故発生状況Circumstances of accident | 事故発生状況図Diagram of accident location |

|  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 研究科長 | 所属長 | 受　付 |
|  |  |  |  |  |  |  |  |