**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.

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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 | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 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 |
|  |  |  |  |  |  |  |  |