

**POLICYHOLDER INFORMATION**

See enclosed Auto ID card.

**ACCIDENT/LOSS**

Date and time of accident:

\_\_\_/\_\_\_/\_\_\_ AM/PM

Location of Accident:

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONDITIONS**

Weather:

Clear    Cloudy    Fog    Rain  
Sleet    Snow    Other: \_\_\_\_\_

Speed Limit: \_\_\_\_\_

**AUTHORITY CONTACTED**

Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

Report #: \_\_\_\_\_

Citation Issued?     Yes     No

If so, against whom: \_\_\_\_\_

**UNIVERSITY VEHICLE**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Description of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER VEHICLE INFORMATION**

Description of Property: \_\_\_\_\_

\_\_\_\_\_

If Auto — Year, Make, Model, Plate #: \_\_\_\_\_

\_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Owner's Name & Address, if Different Than Driver:

\_\_\_\_\_

\_\_\_\_\_

Description of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INJURED**

Name	Address	Phone	Pedes.	Insured Vehicle	Other Vehicle	Extent of Injuries

Was anyone taken from the scene by ambulance?     Yes     No

**WITNESSES, INCLUDING PASSENGERS**

Name	Address	Phone	Insured Vehicle	Other Vehicle	Other (Specify)