



BROWN UNIVERSITY AUTO ACCIDENT REPORT FORM

Form Must Be Kept in Glove Compartment of Vehicle

All auto accidents regardless of severity must be reported to the Office of Insurance & Risk within 48 hours

Fax Number 863-1566 or Mail to Box Number 1848 • For Further Information Call 863-1681

1. EMPLOYEE/DRIVER INFORMATION

Name _____ Driver's License # (Specify State) _____

Address _____

City _____ State _____ Zip Code _____ Tel: _____

Brown University

Vehicle License Plate No. _____ Department Name _____ Supervisor's Name _____

2. ACCIDENT INFORMATION

Did Brown University Police & Security report to the scene of the accident? Yes No

Did state or local police report to the scene of the accident? Yes No

Date of Accident _____ Time _____ A.M.
P.M.

Street or Highway Name _____ Weather Conditions _____

City _____ State _____ Road Conditions _____

Leaving From _____ Going To _____

Purpose of Trip _____

3. WITNESS INFORMATION

Name _____ Name _____

Address _____ Address _____

Tel: _____ Tel: _____

4. INFORMATION REGARDING INJURED

Name _____ Age _____

Address _____ Tel: _____

Nature of Injury _____

Was injured person transported to hospital? No Yes If yes, name of hospital _____

Injured Was: In Brown Univ. vehicle In other vehicle Pedestrian

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5. FACTS REGARDING OTHER VEHICLE(S)

Driver's Name _____ Age _____

Address _____ Tel: _____

Make & Year of Vehicle _____ Insurance Company _____

License Plate No. _____

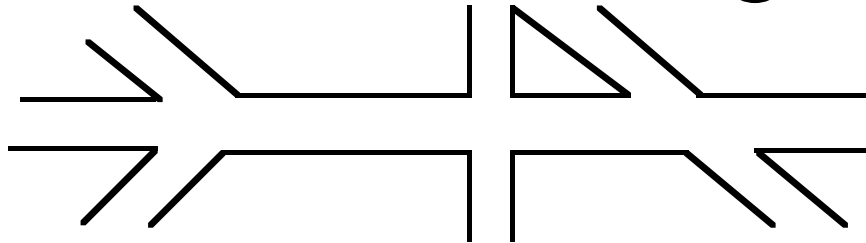
Nature of damages _____

*Use additional paper if necessary for more than one injured person

6. DESCRIBE THE ACCIDENT

Using the diagram, describe what happened and draw a complete diagram of area showing Brown's vehicle and other vehicle involved.

 Indicate North Direction in Circle



 Brown's Vehicle  Other Vehicle

Please describe accident:

Nature of damages:

7. SIGNATURES

Employee/Driver's Signature _____ Date _____

Supervisor's Signature _____ Date _____