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 Insurance Office within 48 hours*

Email to insuranceoffice@brown.edu or Mail to Box 1845 * For Further Information Call 863-1681

1. **EMPLOYEE/DRIVER INFORMATION**

   Name:___________________________________________  Driver’s License # (specify state) _________________

   Address:_____________________________________________________________________________________

   City:________________________ State: ______________ Zip Code:________ Tel:____________________

   Brown University    Department   Supervisor’s

   Vehicle License Plate #: _______________  Name: ______________________ 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:___________ am. pm. (circle one)

   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? Yes ☐ No ☐  If yes, name of hospital:___________________

   Injured was: In Brown University Vehicle ☐  In other vehicle ☐  Pedestrian ☐

* Use additional paper if necessary for more than one vehicle damaged.  Form INSAuto Revised 2/09
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, please describe what happened and draw a complete diagram of area showing Brown’s vehicle and other vehicle involved.

Brown’s Vehicle – 1 Other Vehicle – 2

Please describe the accident:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Nature of damages:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

7. SIGNATURES:

Employee/Driver’s Signature: _____________________ Date: __________
Supervisor’s Signature: ___________________________ Date: __________