



BROWN

Insurance Use Only	
Driver Authorization Form Complete	
Driver Training Complete	

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

Fax number 863-1566 or Mail to Box 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 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.

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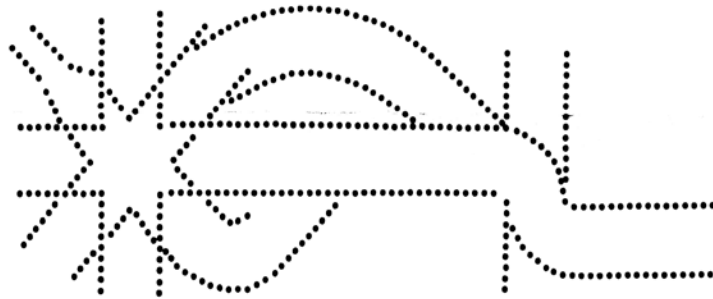
5. FACTS REGARDING OTHER VEHICLE(S)

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



- INDICATE ON THIS DIAGRAM WHAT HAPPENED:
USE ONE OF THE OUTLINES TO DESCRIBE THE SCENE OF THE ACCIDENT SHOWING STREET NAME AND HIGHWAY NUMBERS
- 1 NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW --
 - 2 USE SOLID LINES FOR BEFORE ACCIDENT AND BROWN LINES FOR AFTER
 - 3 SHOW PEDESTRIAN BY
 - 4 SHOW RAILROAD BY
 - 5 SHOW DISTANCE AND DIRECTION TO LANDMARKS OR OTHER IDENTIFYING FEATURES
 - 6 SHOW NORTH BY ARROW
- INDICATE NORTH BY ARROW

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: _____