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 scene by ambulance? Yes No

WITNESSES, INCLUDING PASSENGERS

Name Address Phone	Insured Vehicle	Other Vehicle	Other (Specify)