



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 ☐

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### 5. FACTS REGARDING OTHER VEHICLE(S)

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

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

Make & Year of Vehicle: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

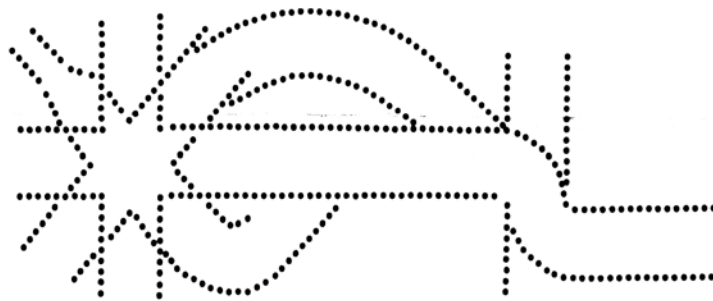
License Plate No.: \_\_\_\_\_

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:

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Nature of damages:

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### 7. SIGNATURES:

Employee/Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_