



BROWN

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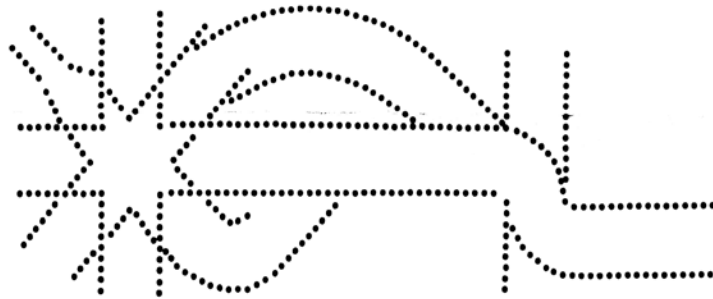
## 5. FACTS REGARDING OTHER VEHICLE(S)






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
- |   |  |
|---|--|
| <p>1 NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW --<br/> </p> <p>2 USE SOLID LINES FOR BEFORE ACCIDENT AND BROKEN LINES FOR AFTER</p> | <p>3 SHOW PEDESTRIAN BY </p> <p>4 SHOW RAILROAD BY </p> <p>5 SHOW DISTANCE AND DIRECTION TO LANDMARKS OR OTHER IDENTIFYING FEATURES</p> <p>6 SHOW NORTH BY ARROW </p> <p> INDICATE NORTH BY ARROW</p> |
|---|--|

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 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_