

**APPENDIX 2.8.1.3.1.1 ACCIDENT REPORT FORM**

**ACCIDENT REPORT FORM**

UNIVERSITY-RENTED VEHICLE \_\_\_\_\_ PRIVATELY-OWNED VEHICLE \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

Location \_\_\_\_\_

**Police Department/Officers Responding**

Department \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Officer's Name \_\_\_\_\_ Police Report Number \_\_\_\_\_

**Fontbonne Driver Information**

Name \_\_\_\_\_ ID Number \_\_\_\_\_

**Other Driver Information**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Insurance Company \_\_\_\_\_ Telephone Number \_\_\_\_\_

Agent's Name \_\_\_\_\_ Policy # \_\_\_\_\_

**Briefly Describe What Happened** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT REPORT FORM**

**Page 2**

Witness and Injury Information

Witness  Injured  Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Witness  Injured  Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Witness  Injured  Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Witness  Injured  Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Witness  Injured  Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Witness  Injured  Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Return a copy of this form to the Vice President for Finance and Administration.