

AUTOMOBILE ACCIDENT INFORMATION

If you are involved in an accident while driving a Washington University vehicle, or while driving a vehicle rented for business purposes, please print and complete this form. This form is used to secure preliminary information on the accident, and a representative from the Insurance Department will be contacting you shortly for more information. Once this form is complete, please fax it to the Insurance Department at 935-9795.

**WASHINGTON UNIVERSITY
EMPLOYEE INFORMATION**

Name: _____

Department: _____

Telephone #: _____

Campus Box #: _____

Driver's License #: _____

Were you injured in this accident (if your answer is "yes", you will be required to complete an Injury or Illness report form): yes no

YOUR VEHICLE INFORMATION

Year: _____

Make: _____

Model: _____

Owner: _____

Were there any passengers in your vehicle? If "yes", please list.

Were any of your passengers injured:
 Yes No

OTHER VEHICLE INFORMATION

Name of driver: _____

Address of driver: _____

Driver's license #: _____

Vehicle year: _____

Vehicle make: _____

Model: _____

Owner: _____

Name of insurance carrier: _____

Passengers in other vehicle (please list:

Were any passengers injured: [] yes [] no

ACCIDENT INFORMATION

Date: _____ **Time:** _____ am [] pm []

Accident location: _____

Direction you were traveling: _____

Direction other vehicle was traveling: _____

Weather conditions: Dry[] Wet[] Icy[] Hail[] Snow[] Fog[] Rain[] Sunny[]
Windy[]

Description of accident:

Short description of damage to Washington University vehicle:

Short description of damage to other vehicle:

What police department was called out?

Where there any citations issued and to whom?

Please list any witnesses:

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____