

Automobile Accident Report

Cornell College

600 First Street West, Mount Vernon, IA 52314-1098

ACCIDENT INFORMATION

DATE OF ACCIDENT	TIME	PLACE OF ACCIDENT (STREET OR HIGHWAY, CITY, STATE)
	_____ AM _____ PM	
DETAILED DESCRIPTION OF ACCIDENT		

WERE THERE ANY WITNESSES? YES NO

WITNESS NAME _____ WITNESS ADDRESS _____

WITNESS HOME PHONE NO. _____ WITNESS BUSINESS PHONE NO. _____ BEST TIME AND PLACE TO CONTACT WITNESS _____

WHERE WAS THIS WITNESS AT THE TIME OF ACCIDENT? _____ RELATIONSHIP OF WITNESS TO ANY PARTIES INVOLVED _____

ANY OTHER WITNESSES? YES NO (IF "YES" PROVIDE INFORMATION AS ABOVE ON A SEPARATE PAGE.)

WERE ANY AUTHORITIES CONTACTED? YES NO (IF "YES" COMPLETE THE FOLLOWING)

NAME OF AUTHORITY (Police, Ambulance, Fire, etc.) _____ AUTHORITY ADDRESS AND PHONE _____

REPORT NUMBER (if available) _____ VIOLATIONS OR CITATIONS ISSUED? YES NO (IF "YES" DESCRIBE)

COLLEGE VEHICLE INFORMATION

YEAR, MAKE, MODEL _____ VEHICLE IDENTIFICATION NO. _____ PLATE NO. _____

STATE	COLOR OF VEHICLE	DOES THE COLLEGE OWN THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS DRIVER OWNER OF VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DRIVER'S NAME _____ DRIVER'S ADDRESS _____

PHONE NO.	DATE OF BIRTH OR AGE	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	STATE	BEST TIME AND PLACE TO CONTACT DRIVER

WAS THERE DAMAGE TO INSURED VEHICLE? YES NO DESCRIPTION OF DAMAGE (POINT OF IMPACT AND EXTENT OF DAMAGE)

ESTIMATE OF DAMAGE \$ _____ IS VEHICLE DRIVABLE? YES NO

LOCATION OF VEHICLE (NAME, ADDRESS, PHONE NUMBER)

INJURIES (IF MORE THAN ONE PERSON, INCLUDE THIS INFORMATION ON EACH ONE ON A SEPARATE PAGE.)

NAME (FIRST, MIDDLE, LAST) _____ ADDRESS _____

HOME PHONE NO. _____ BUSINESS PHONE NO. _____ OCCUPATION _____ DATE OF BIRTH OR AGE _____

SOCIAL SECURITY NO. _____ SEX M F DESCRIPTION OF INJURY _____

WAS MEDICAL TREATMENT RECEIVED? YES NO ADDRESS OF HOSPITAL/CLINIC/DOCTOR _____ PHONE NO. _____

TYPE OF TREATMENT	LENGTH OF STAY	SPECIALTY OF DOCTOR	FIRST DAY OF TREATMENT

IS INJURED REPRESENTED BY AN ATTORNEY? YES NO WAS LAWSUIT SERVED? YES NO (IF "YES" DATE)

NAME OF ATTORNEY _____ ADDRESS OF ATTORNEY _____ ATTORNEY PHONE NO. _____

EMPLOYER NAME _____ EMPLOYER ADDRESS _____ EMPLOYER PHONE NO. _____

WHERE WAS INJURED PERSON AT TIME OF THE ACCIDENT?

1. INSURED DRIVER
 2. GUEST IN INSURED AUTO
 3. PEDESTRIAN
 4. DRIVER OR OCCUPANT OF OTHER VEHICLE

CONTINUED ON OTHER SIDE

OTHER VEHICLE INFORMATION (IF MORE THAN ONE VEHICLE, INCLUDE THIS INFORMATION ON EACH ONE ON A SEPARATE PAGE.)

YEAR, MAKE, MODEL	VEHICLE IDENTIFICATION NO.	PLATE NO.	STATE	COLOR OF VEHICLE
OWNER NAME (FIRST, MIDDLE, LAST)	OWNER'S ADDRESS	HOME PHONE NO.	BUSINESS PHONE NO.	
DRIVER'S NAME (FIRST, MIDDLE, LAST)	DRIVER'S ADDRESS	DRIVER'S PHONE NO.		
DATE OF BIRTH OR AGE	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	STATE	BEST TIME & PLACE TO CONTACT DRIVER
WAS THERE DAMAGE TO OTHER VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIPTION OF DAMAGE (POINT OF IMPACT AND EXTENT OF DAMAGE)		
ESTIMATE OF DAMAGE \$				
LOCATION OF VEHICLE (NAME, ADDRESS, PHONE NUMBER)		<input type="checkbox"/> IS VEHICLE DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

CONTACT FOR FURTHER DETAILS (NAME, ADDRESS, PHONE NUMBER)

ADDITIONAL COMMENTS (OLD DAMAGE, RENTAL NEEDED, ETC.)

NAME OF OTHER PARTY'S INSURANCE COMPANY	ADDRESS	PHONE NO.
POLICY NO.	CLAIM NO.	AGENT NAME
		AGENT PHONE NO.

PROPERTY DAMAGE INFORMATION (Other than vehicles)

OWNER'S NAME (FIRST, MIDDLE, LAST)	OWNER'S ADDRESS
HOME PHONE NO.	BUSINESS PHONE NO.
	DESCRIPTION OF ITEM DAMAGED AND DESCRIBE DAMAGE TO ITEM
	ESTIMATE OF DAMAGE

IF OTHER PROPERTY DAMAGE, REPEAT ABOVE SECTION.

ADDITIONAL COMMENTS:

1. Take precautions necessary to protect the accident scene from further accidents.
2. Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.
3. Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.
4. Complete this **AUTOMOBILE ACCIDENT REPORT**. You will need this information later for state and insurance reports.
5. As soon as possible, report the accident to the Controller in the Cornell Business Office (319-895-4245), but no later than 24 hours after the incident.
6. Notify your Department Head of the incident.

Here's What to Do

**IN CASE OF A
MOTOR VEHICLE
ACCIDENT**

*Please keep this brochure
in your glove compartment*