

DARTMOUTH

DARTMOUTH COLLEGE AUTOMOBILE ACCIDENT#-B7-89BH REPORT

College policy requires that this report be filed within 24 hours of occurrence. This report must be completed in its entirety and faxed to Risk Management and Insurance at 603-646-9199 or emailed to Lisa.A.Roche@Dartmouth.edu and Risk.Management@dartmouth.edu. Omission of information could result in a delay of benefits.

Date of Accident: Time: Place:

Accident Description: (Note points of contact on vehicles and direction of travel - sketch diagram on reverse side)

Speed of College Vehicle: Other Vehicle: Posted Speed Limit:

DARTMOUTH COLLEGE VEHICLE INFORMATION

Driver: Date of Birth: Telephone:

Address:

Department: Driver's License #:

Student: Yes No Employee: Yes No Purpose of use:

Year: Make: Model: Vehicle #: Seat belt used: Yes No

Damage Sustained: Repair Estimate:

OTHER VEHICLE INFORMATION

Driver: License #: Telephone:

Address:

Owner: Telephone:

Address:

Insurance Company: Policy #:

Year: Make: Model: Registration #: State:

Damage Sustained: Repair Estimate:

OCCUPANTS/WITNESSES: (Provide name, address, telephone # and if pedestrian, in Dartmouth vehicle, or in other vehicle)

#1:

#2:

#3:

#4:

INJURIES (Provide name, address, telephone #, injury and if pedestrian, in Dartmouth vehicle, or in other vehicle)

#1

#2

#3

OTHER PROPERTY DAMAGE:

Owner: Telephone:

Address:

Property Description:

Damage Sustained: Repair Estimate:

RESPONDING LAW ENFORCEMENT AGENCY:

Safety & Security Notified? Yes No Officer:

Police? Yes No Department: Officer:

Address: Telephone:

Photos taken? Yes No By Whom?

CONDITIONS

Weather: Clear Rain Snow Sleet Fog Surface: Paved Concrete Gravel Dirt

Light: Daylight Dark Dawn Dusk Artificial Road Condition: Dry Wet Snow Icy Rutted

Driver's Signature: Date:

Supervisor's Signature: Date: