

UNIVERSITY OF DELAWARE
RISK MANAGEMENT OFFICE
220 HULLIHEN HALL
NEWARK, DE 19716

Phone: (302) 831-2971
riskmanagement@udel.edu

Fax: (302) 831-4120

Automobile Accident Report

INSURED	University of Delaware Dept. Employee Name
	Campus Address Phone #
	City State Zip
TIME & PLACE OF ACCIDENT	Date Time AM PM
	Location
	City State
UD OWNED VEHICLE (# 1)	Make & Model Year VIN # Tag No.
	Driver Empl Id.
	Address Home Phone No.
	City State Zip
	Age Years Licensed Employed By
	For what purpose was vehicle being used?
	Owner
DAMAGE TO UD OWNED VEHICLE (# 1)	Describe Damage
	Est. cost of repairs \$ Where vehicle may be seen
OTHER VEHICLE (# 2)	Make & Model Tag No. Year
	Owner's Name Phone #
	Owner's Address
	City State Zip
	Driver's Name Phone #
	Driver's Address
	City State Zip
Insurance Carrier Policy #	
DAMAGE TO OTHER VEHICLE (# 2)	Describe Damage
	Est. cost of repairs \$ Where vehicle may be seen
OTHER PROPERTY DAMAGE	Describe Damage
	Owner Address
	Est. cost of repairs \$ Where damaged property may be seen
YOUR PASSENGERS VEHICLE (#1)	NAME AGE ADDRESS
	1
	2
	3
	4
WITNESSES (not involved in accident)	NAME AGE ADDRESS
	1
	2
	3
	4
INJURED PERSONS	NAME AGE ADDRESS
	1
	2
	3
	4
EXTENT OF INJURIES	1
	2
	3
	4

ACCIDENT FACTS	Direction of Your Vehicle	on	<input type="radio"/> Street	<input type="radio"/> Highway
	Rate of Speed	MPH	What side of street?	
	Direction of Other Vehicle	on	<input type="radio"/> Street	<input type="radio"/> Highway
	Rate of Speed	MPH	What side of street?	
	Width of street	Nature and condition of pavement		
	Weather			
	Was there a police investigation?		Complaint #	
	Which Dept		If Other	
STATEMENT OF DRIVER				
Driver's Name		Home Address		
Driver's Signature _____				
Date of this Report 7/5/18				
Supervisor Name		Phone #		
Contact Person		Phone #		
Completed By		Phone #		
VEHICLE OTHER (# 3)	Make & Model	Tag No.	Year	
	Owner's Name	Phone #		
	Owner's Address			
	City	State	Zip	
	Driver's Name	Phone #		
	Driver's Address			
	City	State	Zip	
DAMAGE TO OTHER VEHICLE(#3)	Insurance Carrier		Policy #	
	Describe Damage			
	Est. cost of repairs \$		Where vehicle may be seen	
OTHER VEHICLE (# 4)	Make & Model	Tag No.	Year	
	Owner's Name	Phone #		
	Owner's Address			
	City	State	Zip	
	Driver's Name	Phone #		
	Driver's Address			
	City	State	Zip	
DAMAGE TO OTHER VEHICLE(#4)	Insurance Carrier		Policy #	
	Describe Damage			
	Est. cost of repairs \$		Where vehicle may be seen	