

**THE COLLEGE OF WILLIAM AND MARY
AUTOMOBILE ACCIDENT REPORT**

CALL THE POLICE

When an accident occurs, follow the instructions on the envelope provided in your glove compartment.
Any questions should be referred to The College of William & Mary Risk Management at 757-221-2742.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT THE COLLEGE OF WILLIAM & MARY RISK MANAGEMENT, INSURANCE COMPANY REPRESENTATIVE OR THE POLICE.

POLICY-HOLDER	NAME The College of William & Mary, RISK MANAGEMENT					POLICY NUMBER C-900093	
	ADDRESS: STREET CITY STATE ZIP CODE PO Box 8795, Williamsburg, Virginia 23187					PHONE NUMBER 757-221-2742 FAX: 757-221-2505	
TIME AND PLACE OF ACCIDENT	DATE OF ACCIDENT	HOUR A.M. P.M.	LOCATION	STREET OR HIGHWAY	CITY	COUNTY	STATE
ABOUT YOUR AUTO (#1)	MAKE OF AUTO	YEAR	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	LICENSE NUMBER		
	NAME OF DRIVER AND PHONE NUMBER			ADDRESS: STREET	CITY	STATE	ZIP CODE
	DEPARTMENT NAME			DEPARTMENT SUPERVISOR'S NAME & PHONE NUMBER			
	DRIVER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER		WAS LICENSE IN EFFECT AT TIME OF ACCIDENT?			
	WAS AUTO BEING OPERATED FOR BUSINESS OR PLEASURE? <input type="checkbox"/> BUSINESS <input type="checkbox"/> PLEASURE		WHO GAVE PERMISSION?		WAS AUTO BEING USED FOR ERRAND FOR OWNER?		
	DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE.						
	WHERE MAY AUTO BE SEEN?		ESTIMATED COST OF REPAIRS		WHERE IS VEHICLE NORMALLY GARAGED ? (CITY & STATE)		
OTHER AUTO INVOLVED (#2)	MAKE OF AUTO	YEAR	LICENSE NUMBER	ESTIMATED COST OF REPAIRS			
	PARTS DAMAGED AND EXTENT OF DAMAGE						
	OWNER'S NAME & PHONE NUMBER			ADDRESS: STREET	CITY	STATE	ZIP CODE
	DRIVER'S NAME & PHONE NUMBER <input type="checkbox"/> SAME			ADDRESS: STREET	CITY	STATE	ZIP CODE
	IS AUTO INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF INSURANCE COMPANY		POLICY NUMBER	INSURANCE COMPANY PHONE NUMBER		
PASSENGERS	NAMES OF PASSENGERS IN AUTO (#1)			ADDRESSES: STREET CITY STATE ZIP CODE			
	NAMES OF PASSENGERS IN AUTO (#2)			ADDRESSES: STREET CITY STATE ZIP CODE			
INJURIES (No Matter How Minor)	NAMES OF PERSONS INJURED		AUTO #	ADDRESSES		INJURIES	AGE
	NAME OF DOCTOR OR HOSPITAL			ADDRESSES: STREET	CITY	STATE	ZIP CODE
WITNESSES	NAMES			ADDRESSES: STREET	CITY	STATE	ZIP CODE

DESCRIP- TION OF ACCIDENT	ON WHAT STREET WERE YOU DRIVING?	DIRECTION	SPEED	STREET OR ROAD OTHER AUTO WAS DRIVING ON?	DIRECTION	SPEED
	WERE YOUR LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM	WERE OTHER AUTO'S LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM	WHAT TRAFFIC CONTROLS?		FOR WHOM	SPEED LIMIT
	DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?			IF INTERSECTION, WHO ENTERED FIRST?	WHO HAD RIGHT OF WAY?	
	WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?	CHARGE:	DID POLICE INVESTIGATE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE ADDRESS?	
	POLICE OFFICER NAME AND/OR BADGE NUMBER			POLICE PHONE NUMBER		
	DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT HAPPENED:					
	SHOW ON THE DIAGRAM THE POSITIONS OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTER OBJECTS. SHOW STREET NAMES					
PROPERTY DAMAGE OTHER THAN AUTO	NAME OF OWNER		ADDRESS: STREET	CITY	STATE	ZIP CODE
	KIND OF PROPERTY					
	ESTIMATED COST OF REPAIR		WHERE MAY PROPERTY BE SEEN?			
GLASS BREAKAGE	LOCATION OF BREAKAGE: <input type="checkbox"/> DOOR <input type="checkbox"/> VENT <input type="checkbox"/> REAR <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> OTHER - DESCRIBE					
	TYPE OF GLASS <input type="checkbox"/> TINTED <input type="checkbox"/> SAFETY PLATE <input type="checkbox"/> CLEAR <input type="checkbox"/> SAFETY PLATE		TYPE OF BREAK <input type="checkbox"/> SHATTERED		<input type="checkbox"/> CRACKED <input type="checkbox"/> BULL'S EYE (O) <input type="checkbox"/> CHIPPED OR PITED <input type="checkbox"/> HALF MOON ()	
	WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:					
DATE OF REPORT		SIGNATURE OF DRIVER			REPORTED TO CRAWFORD AND COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PLEASE SIGN COMPLETED FORM AND RETURN TO
KRISTEN FAGAN, RISK MANAGER**