**ROWAN EMPLOYEE/DRIVER INFORMATION**

|  |  |
| --- | --- |
| Name:       | Driver’s License#:       |
| Street Address:       |
| City:       | State:       | Zip Code:       | Tel:       |
| Vehicle Year:       | Make:       | Model:       |
| License Plate:       | Department:       | Supervisor:       |

**ACCIDENT INFORMATION**

|  |
| --- |
| Did Rowan University Public Safety report to the scene of the accident?\* Yes [ ]  No [ ]   |
| Did state or local police report to the scene of the accident?\* Yes [ ]  No [ ]  |
| \* *If* ***Yes*** *to either of the above provide copies of the police report to Risk Management* |
| Date of Accident:       | Time of Accident:       |  AM [ ]  PM [ ]  |
| Street Name:       | Weather Conditions:       |
| City:       | State:       | Road Conditions:       |
| Leaving From:       | Going To:       |
| Purpose of Trip:       |

**INFORMATION REGARDING INJURED PARTIES**

|  |  |
| --- | --- |
| Name:       | Age:       |
| Address:       | Tel:       |
| Nature of Injury:       |
| Was injured person transported to hospital? Yes [ ]  No [ ]  | Hospital:       |
| Injured was: In your Vehicle (1) [ ]  In other vehicle (2) [ ]  Pedestrian [ ]  |
| Name:       | Age:       |
| Address:       | Tel:       |
| Nature of Injury:       |
| Was injured person transported to hospital? Yes [ ]  No [ ]  | Hospital:       |
| Injured was: In your Vehicle (1) [ ]  In other vehicle (2) [ ]  Pedestrian [ ]  |
| Name:       | Age:       |
| Address:       | Tel:       |
| Nature of Injury:       |
| Was injured person transported to hospital? Yes [ ]  No [ ]  | Hospital:       |
| Injured was: In your Vehicle (1) [ ]  In other vehicle (2) [ ]  Pedestrian [ ]  |
| Name:       | Age:       |
| Address:       | Tel:       |
| Nature of Injury:       |
| Was injured person transported to hospital? Yes [ ]  No [ ]  | Hospital:       |
| Injured was: In your Vehicle (1) [ ]  In other vehicle (2) [ ]  Pedestrian [ ]  |

**FACTS REGARDING OTHER VEHICLE**

|  |  |
| --- | --- |
| Driver’s Name:       | Age:       |
| Address:       | Tel:       |
| Make & Year of Vehicle:       | Insurance Company:       |
| License Plate Number:       |
| Nature of Damages:        |

**WITNESS INFORMATION**

|  |  |
| --- | --- |
| Name:       | Name:       |
| Address:       | Address:       |
| Tel:       | Tel:       |
| Name:       | Name:       |
| Address:       | Address:       |
| Tel:       | Tel:       |

**DESCRIBE THE ACCIDENT**

**Show North with Arrow**

**1**

**2**

Your Vehicle: 1 Other Vehicle: 2 Pedestrian: **+**

|  |
| --- |
| Describe the Accident:       |
| Nature of Vehicle Damages *(Take pictures if possible):*      |
| Property Damage other than Vehicle (Fence, Utility Pole, etc.):       |
| Damaged Property Owner’s Name:       | Tel:       |
| Street Address:       |
| City:       | State:       | Zip Code:       |

**SIGNATURES**

|  |  |
| --- | --- |
| Employee/Driver’s Signature: | Date:       |
| Supervisor’s Signature | Date:       |