**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: |