AUTOMOBILE ACCIDENT REPORT

Please complete this report before the end of the day and submit it to the Communications Center.
Complete all sections.
Attach additional sheets of paper to expand on any details.

Driver's Name			Home Phone #
Home Address			☐ Student ☐ Staff ☐ Other ☐ Faculty (explain) _____
Date of Birth	Sex ☐ Male ☐ Female		Department
Accident Date	Day of Week	Time This Trip Began ☐am ☐pm	Time of Accident ☐am ☐pm
Began From	Destination		Vehicle Number
VIN Number	Make	Year	License Plate #
Bowdoin ID #	Exact Location of Accident	Nearest City or Town	
County Name	On (Street or Highway)		
Direction of Vehicle ☐ Parked ☐ North ☐ South ☐ East ☐ West	(Street, Highway, Mile Marker, Terminal or Other Landmark) ☐ Near ☐ At		

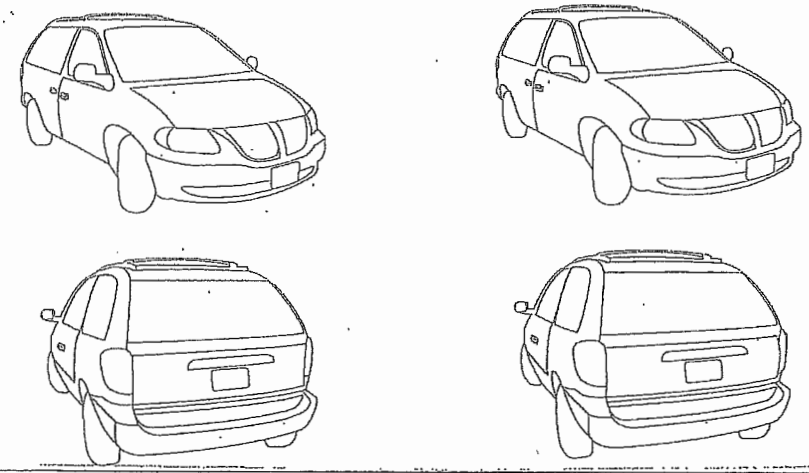
Vehicle 2			Vehicle 3		
Owner's Name			Owner's Name		
Owner's Address			Owner's Address		
City, State Zip			City, State Zip		
Telephone Number			Telephone Number		
Insurance Company			Insurance Company		
Policy Number	Expiration Date		Policy Number	Expiration Date	
Year & Vehicle Make	Model	Color	Year & Vehicle Make	Model	Color
License Plate Number	State		License Plate Number	State	
VIN Number	Expiration Date		VIN Number	Expiration Date	
Operator's Name			Operator's Name		
Operator's Address			Operator's Address		
City, State, Zip			City, State, Zip		
Telephone Number			Telephone Number		
Driver's License Number	Expiration date		Driver's License Number	Expiration date	
Date of Birth	State of License		Date of Birth	State of License	
Number of Passengers on Board	Number of Alleged Injuries		Number of Passengers on Board	Number of Alleged Injuries	

Did an Ambulance Respond to the Scene? ☐ Yes ☐ No Name of Ambulance Company Name of Hospital	Injuries To: (1) Name_____ Age _____ Address_____ Tel #_____ Injuries_____ Passenger in Vehicle #_____ (2) Name_____ Age _____ Address_____ Tel #_____ Injuries _____ Passenger in Vehicle #_____	
Did the Police Respond to the Scene?☐ Yes☐ No	Police Officer's Name & Badge Number	Jurisdiction/Precinct
Was a summons issued? ☐ Yes☐ No	If so, to whom was the summons issued? Describe the infraction.	Police Report #

Damage Description (Indicate clearly the points of impact and damage to vehicles involved. The College vehicle is Vehicle #1. The first vehicle struck is Vehicle #2.)

Vehicle 1 Vehicle 2

Describe Damages



Accident Scene (Draw a diagram of the accident scene. Use a **solid** line to show the path of each vehicle **before** the accident. Use a **dotted** line to show the path of each vehicle **after** the accident. Number each vehicle. The College vehicle is Vehicle #1. Clearly show the names of all roads and traffic control devices. Indicate North with an arrow)

Type of Collision	Traffic Control	Road Character	No. of Travel Lanes	Accident Type
College Vehicle and: ☐ A. Bus ☐ B. Truck ☐ C. Car ☐ D. Other motor vehicle ☐ E. Pedestrian ☐ F. Bicycle ☐ G. Animal ☐ H. Fixed Object ☐ I. Other Object Not Fixed ☐ J. Hit & Run ☐ K. Fire ☐ L. Overturn ☐ M. Ran off Road ☐ N. Submersion ☐ O. Other	☐ A. None ☐ B. Traffic Signal ☐ C. Stop Sign ☐ D. Flashing Light ☐ E. Yield Sign ☐ F. Caution Sign ☐ G. Construction Zone ☐ H. RR Crossing ☐ I. Police or Flagger ☐ J. Other	☐ A. Straight & Level ☐ B. Straight & Upgrade ☐ C. Straight & Downgrade ☐ D. Straight & Hillcrest ☐ E. Curve & Level ☐ F. Curve & Upgrade ☐ G. Curve & Downgrade ☐ H. Curve & Hillcrest ☐ I. Other	☐ A. One ☐ B. Two ☐ C. Three ☐ D. Four ☐ E. Five ☐ F. Other	☐ A. Intersection ☐ B. Struck Vehicle Ahead ☐ C. Struck by Vehicle Behind ☐ D. Passing-Damage to Passenger Side ☐ E. Passing-Damage to Driver's Side ☐ F. Being Passed-Damage to Passenger Side ☐ G. Being Passed - Damage to Driver's Side ☐ H. Oncoming (head on) ☐ I. Backing ☐ J. Struck Fixed Object

Road Surface Type	Roadway Surface	Weather Conditions	Lighting	
☐ A. Concrete ☐ B. Asphalt ☐ C. Gravel ☐ D. Brick or Block ☐ E. Dirt ☐ F. Other	☐ A. Dry ☐ B. Wet ☐ C. Muddy, Sand ☐ D. Snow/Slush ☐ E. Ice ☐ F. Oil ☐ G. Other	☐ A. Clear ☐ B. Cloudy ☐ C. Rain ☐ D. Snow ☐ E. Sleet ☐ F. Fog ☐ G. Other	☐ A. Daylight ☐ B. Dusk ☐ C. Dawn ☐ D. Dark ☐ E. Dark but Lighted ☐ F. Other	☐ K. Struck While Parked ☐ L. Pulling into Curb ☐ M. Pulling from Curb ☐ N. Pedestrian Accident ☐ O. Passenger Accident ☐ P. Incident

Witnesses Name	Address and Telephone Number

Driver's Statement (Describe the Incident Completely)

Driver's Statement (Continued)	
Additional Remarks	
Driver's Signature	Date of This Report

FOR OFFICE USE ONLY

Reviewed By	Date
Sent to Insurer By	Date
Estimated Cost of Damage to College Vehicle	Estimated Cost of Property Damage to Others