

BARD COLLEGE

AUTOMOBILE ACCIDENT REPORT

COPIES OF THIS REPORT MUST BE GIVEN TO THE OFFICE OF THE VICE PRESIDENT OF ADMINISTRATION AND TRANSPORTATION OFFICE WITHIN 24 HOURS OF INCIDENT

Please complete the following, in pen, using additional sheets and attachments where needed.

THE ACCIDENT:

Date of Accident ____ / ____ / ____ Time: _____ a.m. ____ p.m. ____

Location of Accident: (Street or Intersection/City/State)

In your own words, and with as much detail as possible, please describe accident (use separate sheet, if necessary):

BARD VEHICLE:

Year ____ Make ____ Model ____ Serial # _____ License Plate # _____

Name and Telephone # of the Bard Vehicle Driver:

Were you working for Bard at the time of accident? Y ____ N ____ If yes, What Department? _____

Were you driving with Bard's permission? Y ____ N ____ If not working, what were you doing at the time of Accident? _____

Were there any passengers in your vehicle? Y ____ N ____ If yes, please provide all names and telephone #:

Was anyone in your vehicle injured? Y ____ N ____ If so, Name _____ Telephone #: _____

Was anyone in your vehicle taken to the hospital? If so, provide any known details on separate sheet

Were the Police Called? Y ____ N ____ If Yes, Which Police Department? _____

Was a Police Report filed? Y ____ N ____ Officer's Name _____

Were you ticketed? Y ____ N ____ If yes, please give details. Was anyone else ticketed? Y ____ N ____ If yes, Who? _____

Please describe damage to Bard's Vehicle:

Where is the vehicle now?

Did you obtain an estimate of damages? Y ___ N ___ if so, How Much? \$ _____ From Who? _____

(Please attach any supporting documentation)

OTHER VEHICLES:

Were there any other vehicles involved in the accident? Y ___ N ___ If yes, please provide for *each* vehicle, the following information:

Year, Make, Model, Serial Number, License Plate Number

Name/Address/Telephone No. of Owner:

Name/Address/Telephone No. of Driver, if other than Owner: _____

From Driver's Insurance Card, please provide: Name of Insurance Company and Policy Number:

If Vehicle was parked, was it occupied? Y ___ N ___ If yes, by who? (Name/Address/Telephone #):

Was anyone injured in any other vehicle? Y ___ N ___ Were any pedestrians involved? Y ___ N ___

For any known or apparent injuries, please provide as many details as possible, including, but not limited to the Name, Address, Telephone No. of each injured party, and if you know, the extent of injuries. Was anyone taken to the hospital?

Y ___ N ___

Were there any fatalities? Y ___ N ___

Were there any witnesses? Y ___ N ___ If yes, please provide Name/Address/Telephone Number of each witness.

Additional Comments:

Signature of individual filing out form _____ Date / / _____