

**BARD COLLEGE
AUTOMOBILE ACCIDENT REPORT**

**COPIES OF THIS COMPLETED REPORT MUST BE GIVEN TO THE 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 (Vehicle 1):

Year ____ Make ____ Model ____ VIN ____ License Plate # ____

Bard Vehicle Driver:

Name _____ Phone Number _____

Were you working for Bard at the time of the accident? Y ____ N ____

If yes, for which 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 ____ Report # _____

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? _____

<MORE>

OTHER VEHICLES (Vehicle 2)

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: _____

Name of Insurance Company and Policy Number: _____

If Vehicle was parked, was it occupied? Y___ N___ If yes (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.

Describe the Accident:

[illegible]

Signature of individual filing out form _____ Date _____

Print Name _____