

**University of Rochester
Auto Accident Form**

Date of Loss:

Est. Time of Day:

Location of Accident:

Information on University Driver

Name:

Address:

Phone Number:

Email:

Dept/Supervisor:

Description of University Vehicle:

University Vehicle ID #:

Year:

Make:

Model:

VIN#:

Other Driver Info

Name:

Address:

Phone Number:

Copy of Insurance Card Was Taken: Yes No

Please list name of Insurance Co and Policy number here:

Description of Other Vehicle

Year:

Make:

Model:

VIN#:

Additional Vehicle and Driver Info

Name:

Address:

Phone Number:

Copy of Insurance Card Was Taken: Yes No

Please list name of Insurance Co and Policy number here:

Description of Other Vehicle

Year:

Make:

Model:

VIN#:

Additional Questions

- Were the police called? Yes No

If yes, please include any documentation they provided you.

- Were any tickets issued? Yes No

If yes, to whom?

- Was vehicle drivable? Yes No

If no, who towed the car?

- Was anyone injured? Yes No

If yes, who?

- Will a rental car be needed? Yes No

- Did you receive an estimate of damages? Yes No

If yes, please include - If not, please obtain.

Drivers Statement: