

## CLEMSON UNIVERSITY MOTOR VEHICLE ACCIDENT REPORT

If collision involves more than two vehicles, use additional report forms.

<b>ACCIDENT</b>	Date of Accident	Time of Accident	Location of Accident, Highway or Street, Nearest City & State	
	Description of Accident			Police Dept. To Whom Reported
<b>CLEMSON VEHICLE</b>	Make and Year	Serial Number	Model	
	Driver's Full Name	Address	City and State	Zip
	Phone Number	Driver's License #	State	Tag # & State/Yr
	Department	Dept. Phone #	Department Head	
	Description of Damage			Repair Estimate if Available
	Where Auto Can be Seen			When
	Passenger(s) Information:			
	Name	Address	City & State	Phone #
<b>OTHER VEHICLE OR PROPERTY DAMAGE</b>	Make and Year	Serial Number	Model	Phone #
	Other Driver's Full Name	Address	City & State	Zip
	Owner's Full Name	Address	City & State	Zip
	Phone	Driver's License #	State	Repair Estimate
	Description of Damage		Where Auto Can be Seen	When
	Name of Insurance Company	Address	City & State	Policy Number
	Passenger(s) Information			
	Name	Address	Phone #	
	Damage to Property Other Than Vehicle			
	Name object	Address	City & State	Phone #
Description Of Damage				
<b>INJURED</b>	Full Name	Address	Phone #	Hospital Taken

WITNESSES INJ				
	Full Name	Address	Phone #	
	Comment on the Extent of any injuries, If Known			

\_\_\_\_\_  
Person Submitting Form

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**SUBMIT**