

CLEMSON UNIVERSITY MOTOR VEHICLE ACCIDENT REPORT

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

ACCIDENT	Date of Accident	Time of Accident	Location of Accident, Highway or Street, Nearest City & State	
	Description of Accident			Police Dept. To Whom Reported
CLEMSON VEHICLE	Make and Year	VIN 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 #
OTHER VEHICLE OR PROPERTY DAMAGE	Make and Year	VIN 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			
INJURED	Full Name	Address	Phone #	Hospital Taken

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

Person Submitting Form

Phone #

Date

SUBMIT