



Automobile Accident Report

Laurentian University Contact – Assistant Manager of Risk Management, Tel.: (705) 675-1151 ext. 1534 Fax: (705) 675-4820

Insurance Company:	Policy No.:
VEHICLE OWNERSHIP	Registered Owner: _____ Phone No.: _____ Lessee: _____ Phone No.: _____ Address: _____
DRIVER	Name: _____ Driver's License No.: _____ Age: _____ Address: _____ Vehicle was used for: <input type="checkbox"/> Business <input type="checkbox"/> Pleasure
YOUR VEHICLE	Year: _____ Make: _____ Type: _____ Serial No.: _____ License No.: _____ Describe Damage: _____ Where is vehicle now? _____ Estimate: \$ _____
TIME AND PLACE	Date of Accident: _____ Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Place: _____ Town: _____ Province: _____
DAMAGE TO PROPERTY OF OTHERS	Owner: _____ Address: _____ Driver: _____ Address: _____ Automobile: _____ Year: _____ Make: _____ License No.: _____ Phone: _____ Describe Damage: _____ Estimate: \$ _____ Insurance Company: _____ Policy No.: _____
PERSONS INJURED	Names _____ Addresses _____ Ages _____ _____ _____ Injuries: _____
POLICE	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Officer: _____ Badge No.: _____ Station: _____
INDEPENDENT WITNESSES	Names _____ Addresses _____ Phone Nos.: _____ _____ _____
ADJUSTER	Name of Adjusting Company: _____ When: _____

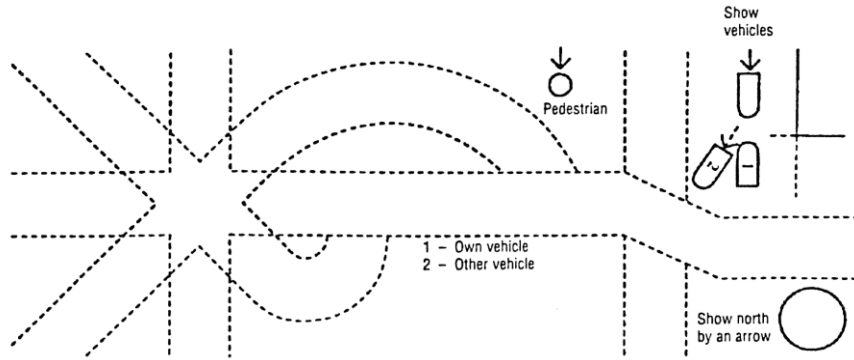
DETAILS OF ACCIDENT:

 Signature Date: (mm/dd/yyyy)

(Use reverse side for diagram or additional information)

DESCRIPTION OF ACCIDENT

(Illustrate position of cars at time of collision. Show skid marks.)
(If any street is more than two-lane or is one way only, please indicate.)



A series of horizontal lines for writing the accident description.

SIGNATORY

Signature

Date (mm/dd/yyyy)