AUTOMOBILE ACCIDENT REPORT

Please complete this report before the end of the day and submit it to the Communications Center.
Complete all sections.
Attach additional sheets of paper to expand on any details.

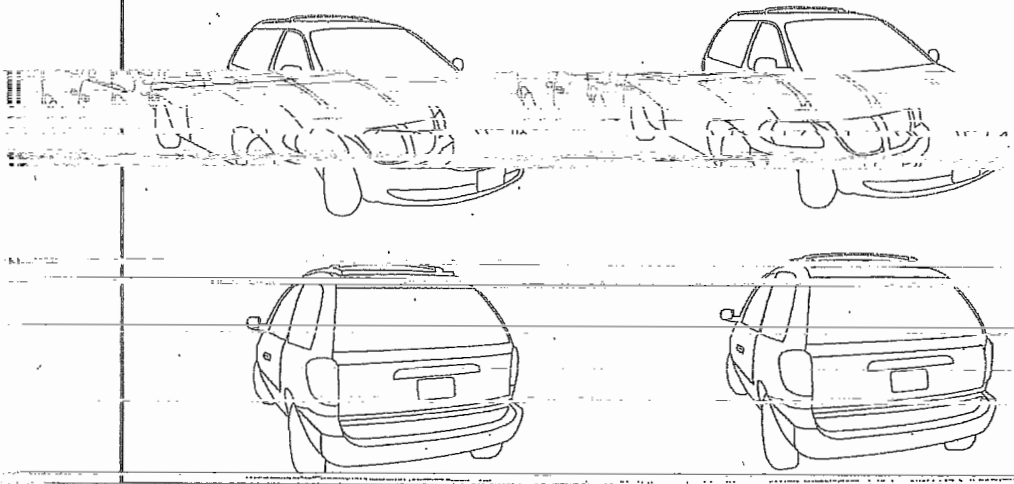
Driver's Name			Home Phone#
Home Address			Student Staff Other Faculty (e x lain) _____
Date of Birth	Sex ☐ Male !Female		Department
Accident Date	Day of Week	Time This Trip Began Dam pm	Time of Accident Dam pm
Began From	Destination		Vehicle Number
VIN Number	Make	Year	License Plate#
Bowdoin ID#	Exact Location of Accident	Nearest City or Town	
County Name	On (Street or Highway)		
Direction of Vehicle Parked North South East West	(Street, Highway, Mile Marker, Terminal or Other Landmark) Near At		

Vehicle 2	Vehicle 3
Owner's Name	Owner's Name
Owner's Address	Owner's Address
City, State Zip	City, State Zip
T Plate Number State VIN Number Expiration Date	License Plate Number State VIN Number Expiration Date
Operator's Name	Operator's Name
Operator's Address	Operator's Address
City, State, Zip	City, State, Zip
Telephone Number	Telephone Number
Driver's License Number Expiration date	Driver's License Number Expiration date
Date of Birth State of License	Date of Birth State of License
Number of Passengers on Board Number of Alleged Injuries	Number of Passengers on Board Number of Alleged Injuries

Did an Ambulance Respond to the Scene? ☐ Yes ☐ No	Injuries To: (1) Name _____ Age _____
Name of Ambulance Company	Tel #_____ Injuries_____
	Passenger in Vehicle # _____
	(2) Name _____ Age _____
Name of Hospital	Address_____
	Tel #_____ Injuries _____
	Passenger in Vehicle # _____
Did the Police Respond to the Scene? ☐ Yes ☐ No	Police Officer's Name & Badge Number _____ Jurisdiction/Precinct _____
Was a summons issued? ☐ Yes ☐ No	If so, to whom was the summons issued? Describe the infraction. _____ Police Report # _____

Damage Description. (Indicate clearly the points of impact and damage to vehicles involved. The College vehicle is Vehicle #1. The first vehicle struck is Vehicle #1.)

Vehicle 1 Vehicle 2 Describe Damages



In the space below, draw a diagram of the accident scene. Use arrows to show the path of each vehicle before the accident. Use a dotted line to show the path of each vehicle after the accident. Number each vehicle. The College vehicle is Vehicle #1. Clearly show the names of all roads and traffic control devices. Indicate North with an arrow.

Type of Collision	Traffic Control	Road Character	No. of Travel Lanes	Accident Type
☐ B. Truck	☐ C. Stop Sign	Upgrade	☐ C. Three	Ahead
vehicle	☐ F. Caution Sign	☐ D. Straight &	☐ F. Other	Passenger
☐ H. Fixed Object ☐ I. Other Object	☐ I. Police or Flagger	Upgrade ☐ G. Curve &		☐ E. Passing- Damage to
☐ K. Fire		Hillcrest ☐ I. Other		Damage to Passenger Side
☐ N. Submersion				☐ G. Being Passed -
				Driver's Side
				☐ H. Oncoming (head on)
				☐ I. Backing
				Object
				☐ K. Struck While Parked
				☐ L. Pulling into Curb
				☐ M. Pulling from Curb
				Accident
				Accident ☐ P. Incident

Road Surface Type	Roadway Surface	Weather Conditions	Lighting
☐ A. Concrete	☐ A. Dry	☐ A. Clear	☐ A. Daylight
☐ B. Asphalt	☐ B. Wet	☐ B. Cloudy	☐ B. Dusk
☐ C. Gravel	☐ C. Muddy, Sand	☐ C. Rain	☐ C. Dawn
			Lighted

Witnesses Name	Address and Telephone Number

Driver's Statement (Describe the Incident Completely)

Driver's Statement (Continued)

Date of This Report

FOR OFFICE USE ONLY

Estimated Cost of Damage to College Vehicle

Estimated Cost of Property Damage to Others