Baylor University
Auto Accident Report Form

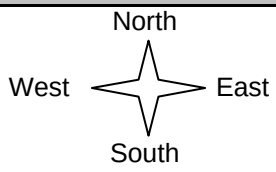
	BU DRIVER INFORMATION				
1	Location of Accident:			Date/Time:	
2	Driver's Name:		DOB:		Employee ID:
	Driver's License #:			State Issued:	
	Department:			Address:	
	Office Telephone #: Other #:		Home Telephone #: Other #:		Cell Phone #:
	VEHICLE DRIVEN BY BU EMPLOYEE OR REPRESENTATIVE - Vehicle No. 1				
3	Rental Vehicle: ◯ YES ◯ NO				Lic. Plate #:
4	Rental Company:			Vehicle ID #:	
	Year:	Make:		Model:	
5	Damage Sustained:			Repair Est. Amount:	
6	**Occupant Information:**				
	Name/DOB		Age	Position in Vehicle	Injury (if any)
	(Passenger)				
	(Passenger)				
	(Passenger)				
	(Passenger)				
	(Passenger)				
	VEHICLE NO. 2				
7	Driver:		Address:		Phone #:
	Driver LIC:			State Issued:	
8	Owner:		Address:		Phone #:
9	Insurer:			Policy #:	
10	Year:	Make:		Model:	
11	Lic. Plate #:		Vehicle ID #:		
12	Damage Sustained:				
13	**Occupant Information:**				
	Name/DOB		Age	Position in Vehicle	Injury (if any)
	(Passenger)				
	(Passenger)				
	(Passenger)				
	(Passenger)				
	VEHICLE NO. 3				
14	Driver:		Address:		Phone #:
15	Driver LIC:			State Issued:	
16	Owner:		Address:		Phone #:
17	Insurer:			Policy #:	
18	Year:	Make:		Model:	
19	Lic. Plate #:		Vehicle ID #:		
20	Damage Sustained:				
21	**Occupant Information:**				
	Name/DOB		Age	Position in Vehicle	Injury (if any)
	(Passenger)				
	(Passenger)				
	(Passenger)				
	(Passenger)				

	RESPONDING LAW ENFORCEMENT AGENCY				
	Were Police/DPS notified:	◯	YES	◯	NO
22	Name of Agency:				
	Address:				
23	Officer's Name:			Phone #:	
	Pictures taken:	◯	YES	◯	NO
	OTHER DAMAGED PROPERTY				
24	Owner:		Address:		
25	Phone #:		Other #:		
26	Description of Property:				
27	Damage Sustained:			Est. Repair Amount:	
28	**WITNESSES**				

Name	Address	Hm #	Other #

29 **NARRATIVE DESCRIPTION OF ACCIDENT**

30 **SKETCH OF ACCIDENT SCENE (Not to Scale)**



Weather: clear, rain, snow, fog
Road Surfice: asphalt, concrete, gravel, dirt, parking lot
Light Condition: daylight, darkness, dawn, dusk, artificial light
Road Condition: dry, wet, icy/snowy, oiled

Speed: yours posted
Seat Belt: used ◯ not used ◯
Airbage Inflated: yes ◯ no ◯

31	Reported by:	Signature:	Date:
32	Manager's Name: (or Department Head or Chair)	Signature:	Date:

Reset Form