



# AUTOMOBILE ACCIDENT REPORT

## ACCIDENT INFORMATION

Date of Accident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Place of Accident (Street or Highway, City, State)
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Detailed Description of Accident

Were There Any Witnesses?  Yes  No

Witness Name (Last, First):	Witness Address:
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Witness Phone # (Cell, Home, Business):	Witness E-mail Address:	Best Time and Number to Contact Witness:
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Where Was This Witness at the Time of Accident?	Relationship of Witness to Any Parties Involved:
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Any Other Witnesses?  Yes  No (If "YES", provide information as above on a separate page)

Were Any Authorities Contacted?  Yes  No (If "YES", complete the following)

Name of Authority (Police, Ambulance, Fire Department, etc.):	Authority Address and Phone:
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Report Number (if available):	Violations or Citations Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES", describe)
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## COLLEGE VEHICLE INFORMATION

Year, Make, Model:	Vehicle Identification No.:	Plate No.:
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State:	Color of Vehicle:	Does the College Own the Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Not College-Owned, List Owner of Vehicle or Rental Company:
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Driver's Name:	Driver's License No. & State:	Driver's Address:	Driver's E-Mail:
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Driver's Phone # (Cell, Home, Business):	Best Time and Number to Contact Driver:	Has Driver Taken Cornell's Alert Driver Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Was There Damage to the Insured Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Damage (point of impact and extend of damage):
Estimate of Damage: \$	

Location of the Vehicle (Name, Address, Phone Number)	Is Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## INJURIES (If more than one person, include this information on each one on a separate page)

Name (Last, First, Middle):	Address:
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Home Phone #:	Business Phone #:	Cell Phone #:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Description of Injury:

Was Medical Treatment Received?  Yes  No

Name of Hospital/Clinic/Doctor:	Address of Hospital/Clinic/Doctor:	Phone #:
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**OTHER VEHICLE INFORMATION** (If more than one vehicle, include this information on each vehicle on a separate page)

Year, Make, Model:		Vehicle Identification No.:	Plate No.:	State:	Color of Vehicle.:
Owner's Name (Last, First, Middle):		Owner's Address:	Owner's Phone #(Cell, Home, and Business):		
Driver's Name (Last, First, Middle):		Driver's Address:	Driver's Phone #(Cell, Home, and Business):		
Driver's License No. & State:		Best Time, Place and Phone Number to Contact the Driver:			
Was There Damage to the Other Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Damage (point of impact and extend of damage):			
Estimate of Damage: \$					
Location of the Vehicle (Name, Address, Phone Number)					Is Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact for Further Details (Name, Address, Phone Number)					

Additional Comments (Old Damage, Rental Needed, etc.)

Name of Other Party's Insurance Company		Address:	Phone #:
Policy No.:	Claim No.:	Agent's Name:	Agent's Phone #:

**PROPERTY DAMAGE INFORMATION** (Other than vehicles)

Owner's Name (Last, First, Middle):		Owner's Address:		
Owner's Home Phone #:	Owner's Business Phone #:	Owner's Cell Phone #:	Owner's E-Mail Address:	
Description of Item Damaged and Description of the Damage to the Item:				Estimate of Damage:

For other property damage, repeat above section

**ADDITIONAL COMMENTS**

Name/Title

Signature

Date (MM/DD/YYYY)

**DOWNTOWN BROOKLYN**81 Willoughby Street  
Brooklyn, NY 11201  
Tel.: 718 - 522-9073**MIDTOWN MANHATTAN**1293 Broadway/One Herald Center  
New York, NY 10001  
Tel.: 212-672-6450**NORTH MIAMI BEACH**3909 N.E. 163rd Street  
North Miami Beach, FL 33160  
Tel.: 786-279-1740