## AUTOMOBILE ACCIDENT REPORT

Department of Insurance  
Division of Risk Management  
Bureau of State Liability Claims  
Tallahassee, Florida 32399-0338  
RM File #: ___________________

### INSURED

- **Department:** Universities  
- **Bureau, Institution or District:** Florida Atlantic University  
- **Location and Address:** 101 North Beach Rd, Dania Beach, FL 33040

### AUTO AND DRIVER

- **Year:** _______  
- **Make:** ________________  
- **Model:** ________________  
- **Tag No:** ________________  
- **Driver:** ________________________________________________  
- **Phone No:** (___) ___ - _____  
- **Employed by:** ____________________________________________  
- **Age:** ________________  
- **Purpose of Use at Time of Accident:** ________________________  
- **Amount of Damage to Vehicle:** ____________________________

### TIME AND PLACE

- **Date of Accident or Loss:** _________________________  
- **Hour:** ________________  
- **Location of Accident:** _________________________________  
- **Police Authority Investigating:** _________________________

### DAMAGE TO PROPERTY OF OTHERS

- **Owner of Property Damage:** ____________________________  
- **Address:** ____________________________________________  
- **Phone No:** (___) ___ - _____  
- **Driver of Other Vehicle:** ________________________________  
- **Address:** ____________________________________________  
- **Phone No:** (___) ___ - _____  
- **Driver's License No:** _________________________________  
- **If Automobile, Year:** _______  
- **Make:** ___________  
- **Model:** _________  
- **Tag No:** ________________  
- **Kind of Property and Extent of Damage:** ___________________  
- **Insurance Carrier:** _____________________________________

### PERSONS INJURED

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<th>Name</th>
<th>Address</th>
<th>Phone No.</th>
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- **Nature and extent of injuries**  
  - 1. ____________________________________________  
  - 2. ____________________________________________  
  - 3. ____________________________________________  
  - 4. ____________________________________________

- **If Doctor was called give name:**  
  - **Name:** ________________________________  
  - **Address:** ________________________________

- **Where was injured person taken:** ________________________________  
- **By whom:** ____________________________________________

(USE BACK FOR ADDITIONAL COMMENTS)

AL:1 wk4 (Rev. 7/96)

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Return Form To:  FAU EH&S, 777 Glades Road, Bldg 69, Boca Raton, FL 33431
Explain fully how accident occurred:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Names of Withnesses</th>
<th>Address</th>
<th>Phone No.</th>
<th>State where witness</th>
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Date __________________________ Name of Person Filing Report __________________________

Name of Person Taking Report __________________________ Telephone Number of Caller __________________________

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