

AUTOMOBILE ACCIDENT REPORT

Department of Insurance
Division of Risk Management
Bureau of State Liability Claims
Tallahassee, Florida 32399-0338

RM File #: _____

INSURED STATE AGENCY	Department: <u>Universities</u> Bureau, Institution or District: <u>Florida Atlantic University</u> Location and Address: <u>1515 W. Commercial, Ft. Lauderdale, FL 33309</u>																																
INSURED 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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Name</th><th style="width: 30%; text-align: left;">Address</th><th style="width: 30%; text-align: left;">Phone No.</th></tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr> <td style="vertical-align: top;">Nature and extent of injuries</td><td style="border-left: 1px solid black; padding-left: 5px;"> 1. _____ 2. _____ 3. _____ 4. _____ </td><td></td></tr> <tr> <td colspan="3">If Doctor was called give name:</td></tr> <tr> <td>Name: _____</td><td colspan="2">Address: _____</td></tr> <tr> <td colspan="3">Where was injured person taken: _____</td></tr> <tr> <td colspan="3">By whom: _____</td></tr> </tbody> </table>			Name	Address	Phone No.	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	Nature and extent of injuries	1. _____ 2. _____ 3. _____ 4. _____		If Doctor was called give name:			Name: _____	Address: _____		Where was injured person taken: _____			By whom: _____		
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(USE BACK FOR ADDITIONAL COMMENTS)

Return Form To: FAU EH&S, 777 Glades Road, Bldg 69, Boca Raton, FL 33431

Explain fully how accident occurred:

Names of Witnesses	Address	Phone No.	State where witness

Telephone Number of Caller

Return Form To: FAU EH&S, 777 Glades Road, Bldg 69, Boca Raton, FL 33431