WITNESS INFORMATION

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

ACCIDENT DETAILS

Officer _____

Badge # _____

Station _____

Date _____

Time _____

Street or Highway _____

_____

PASSENGER INFORMATION

Name _____

Address _____

Vehicle # _____

Injuries _____

Medical Treatment _____

_____

Name _____

Address _____

Vehicle # _____

Injuries _____

Medical Treatment _____

_____

Name _____

Address _____

Vehicle # _____

Injuries _____

Medical Treatment _____

_____

In Case of an Accident

Please keep this brochure in the glove compartment of your vehicle for use in case of an accident.

Accidents involving bodily injury
are to be reported to
Risk Management
(765-494-7695)
as soon as reasonably possible
following the accident.

Property damage accidents
are to be reported to
Risk Management
upon returning to campus.

Accidents involving
University Fleet vehicles
are to be reported to
Transportation Services
(765-494-2114)
or upon return of the vehicle.

If you are involved in an accident, please follow the guidelines listed here. Complete the information sections as thoroughly as possible.

Regional Campus staff should report accidents to their campus police department.

I. **Stop Immediately**. Do not move the vehicle until the investigating officer gives you permission.

II. Obtain medical assistance for anyone injured. **DO NOT RENDER FIRST AID UNLESS YOU ARE TRAINED.**

III. Contact the appropriate law enforcement authority -- police, sheriff, etc. For accidents occurring on campus property, call Purdue University Police at 48221. For accidents off campus, or those involving injuries, call 911.

IV. Do not accuse others or make any admission of responsibility for the accident. Cooperate fully with the law enforcement authority investigating the accident.

V. Exchange complete information with the other drivers involved. Use this form to record their information.

OTHER VEHICLE INFORMATION
(Your Vehicle is Considered Vehicle #1)

Vehicle #2

Driver _____

Address _____

Age _____ Sex _____

Driver's License #_____

Year/Make of car _____

Car License # _____

Year _____ State _____

Owner _____

Address _____

Insurance Co. _____

Policy Number _____

Agent Name _____

Driver injured? _____

Taken to _____

Vehicle #3

Driver _____

Address _____

Age _____ Sex _____

Driver's License #_____

Year/Make of car _____

Car License # _____

Year _____ State _____

Owner _____

Address_____

Insurance Co. _____

Policy Number _____

Agent Name _____

Driver injured? _____

Taken to _____