

NORTHWESTERN UNIVERSITY

ACCIDENT REPORT FORM

Whenever a University vehicle sustains damage of any kind, or is involved in an accident which results in personal injury or property damage, this accident report form **must** be completed as soon as possible by the driver and presented in person to the Risk Management Office, 2020 Ridge Avenue, 2nd Floor, Suite 240, Evanston, IL 60208-4335 (Phone: 847/491-4334).

Please note that this form is for University Use Only and is not meant to supersede the official state accident report form.

VEHICLE NO. 1 - UNIVERSITY VEHICLE

Driver's Name _____ Drivers License No. _____ Title _____

Department _____ University ID No. _____ Work Phone _____

Type of Vehicle _____ Make _____ Model _____ Year _____ License No. _____ VIN No. _____

THE UNIVERSITY INSURANCE COMPANY IS RUBICON INSURANCE COMPANY
Office of Risk Management, 2020 Ridge Avenue, 2nd Floor, Suite 240, Evanston, IL 60208-4335
Leland Roth (Phone: 847/491-4334)

Describe Damage _____

VEHICLE NO. 2

Driver's Name _____ Drivers License No. _____ Street Address _____ City _____ State _____ Zip _____

Type of Vehicle _____ Make _____ Model _____ Year _____ License No. _____ State _____ Age and Sex of Driver _____

Owner's Name (if other than driver) _____ Street Address _____ City _____ State _____ Zip _____

Name of Insurance Company _____ Address of Company or Agent _____

Vehicle Damage _____

PROPERTY DAMAGE OTHER THAN VEHICLE (fence, utility pole, etc.)

Damaged Property Owner's Name _____ Street Address _____ City _____ State _____ Zip _____

LOCATION AND TIME OF ACCIDENT

Date _____ Day of Week _____ Hour _____ Address _____

_____ Urban _____ Suburban _____ Rural

_____ miles (south - north) _____ miles (west - east) of _____ City or Town

INJURED PERSONS

Name	Injured	Age	Sex	Address
Driver in Vehicle No. 1				
Driver in Vehicle No. 2				
Passenger Vehicle No. ____				
Passenger Vehicle No. ____				

PASSENGERS IN YOUR VEHICLE - VEHICLE NO. 1

Name	Address

Name	Witnesses	Addresses

DESCRIPTION OF ACCIDENT

Head-On
 Sideswipe
 Right Angle
 Overturn
 Rear End:
 You Hit
 You Were Hit








Other, please describe _____

Weather Conditions _____
 Road Conditions _____
 Flags and Warning Signs in Use _____

What happened? *Describe in Detail - Refer to vehicles according to number* _____

COMPLETE DIAGRAM BELOW

Use one of the outlines to sketch the scene of your accident writing in highway names or numbers. Use number 1 to indicate your vehicle.

- Number each vehicle and show direction of travel by arrow. 
 - Use solid line to show path **before** accident.  Dotted line **after** accident. 
 - Show pedestrian by: 
 - Show railroad by: 
 - Show distance and direction to landmarks; identify landmarks by number (s).
 - Show utility poles by: 
 - Show motorcycle by: 
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