

Columbia University Vehicle Accident Report



Keep this document in the glove compartment for easy access

You may use this document to report the accident to Columbia Risk Management

Date & Time of Accident:

Location of Accident:

Vehicle License Plate:

Columbia Driver:

Department:

Job title:

Dept Vehicle Coordn:

Vehicle Coordn Email:

Vehicle Coordn Tel:

Was CU driver present at time of accident? yes no

Was anyone injured? yes no

Was there damage to CU owned property? yes no

Was CU vehicle in motion? yes no

Was there damage to private property? yes no

Was there a theft? yes no

The Other Driver

Name:

Address:

City, ST Zip:

Telephone:

Driver's Lic #: **ST:**

Insurance Co:

Policy No.:

License Plate: **ST:**

Make/Model: **Color:**

Vehicle Owner:

Owner Address & Telephone:

Witness 1

Name:

Address:

Telephone:

Location during accident:

WHAT TO DO IN CASE OF AN ACCIDENT

1. Call the Police and file a report
2. Gather the facts
3. Be careful what you say:
 - Do not admit fault
 - Do not agree to pay damages
 - Do not sign any papers, except a traffic ticket
4. Report the accident to your supervisor
5. Report accident to Risk Management

Passenger

Name:

Address:

City, ST Zip:

Telephone:

Please describe accident in detail:

Attachments Included

- Police report Form MV-104
- Additional page(s) Photo(s)