



Department of Public Safety
508-793-2224

College of the Holy Cross Accident Report Form

Date of Accident: _____ Day of Week: _____ Time: _____ AM/PM

Number of Vehicles Involved: _____ Number of Injured: _____

Vehicle # 1

Name of Operator: _____ Phone: _____

Home Address: _____

Campus Address (if any): _____

Date of Birth: _____ Sex: M/F License #/State: _____

Name of Owner: _____ Phone: _____

Home Address: _____

Vehicle Registration/State: _____ Year: _____ Make: _____ Model: _____

Insurance Company: _____ Estimated Cost to Repair: \$ _____

Damage to Car: _____

_____ Seat Belt Used? Y/N Parked? Y/N

Vehicle # 2

Name of Operator: _____ Phone: _____

Home Address: _____

Campus Address (if any): _____

Date of Birth: _____ Sex: M/F License #/State: _____

Name of Owner: _____ Phone: _____

Home Address: _____

Vehicle Registration/State: _____ Year: _____ Make: _____ Model: _____

Insurance Company: _____ Estimated Cost to Repair: \$ _____

Damage to Car: _____

_____ Seat Belt Used? Y/N Parked? Y/N

Property Damage Information

Name of Property Owner: _____ Phone: _____

Home Address: _____

Damage: _____

Witnesses

Name of Witness: _____ Phone: _____

Home Address: _____

Name of Witness: _____ Phone: _____

Home Address: _____

Passenger Information

Name of Passenger: _____ Phone: _____

Home Address: _____

Name of Passenger: _____ Phone: _____

Home Address: _____

Name of Passenger: _____ Phone: _____

Home Address: _____

Name of Passenger: _____ Phone: _____

Home Address: _____

Injured Parties

Name of Injured Party: _____ Vehicle #: _____

Home Address: _____ Phone #: _____

Transported: Y/N _____ Ambulance _____ HC Cruiser _____ Other (specify): _____

Hospital: _____ Treated by: _____

____ Operator _____ Passenger _____ Pedestrian _____ Bicyclist _____ Other (specify): _____

Name of Injured Party: _____ Vehicle #: _____

Home Address: _____ Phone #: _____

Transported: Y/N _____ Ambulance _____ HC Cruiser _____ Other (specify): _____

Hospital: _____ Treated by: _____

____ Operator _____ Passenger _____ Pedestrian _____ Bicyclist _____ Other (specify): _____

Statements

Statement of Operator: _____

Please attach any witness statements.

Name of Officer taking report: _____ ID #: _____

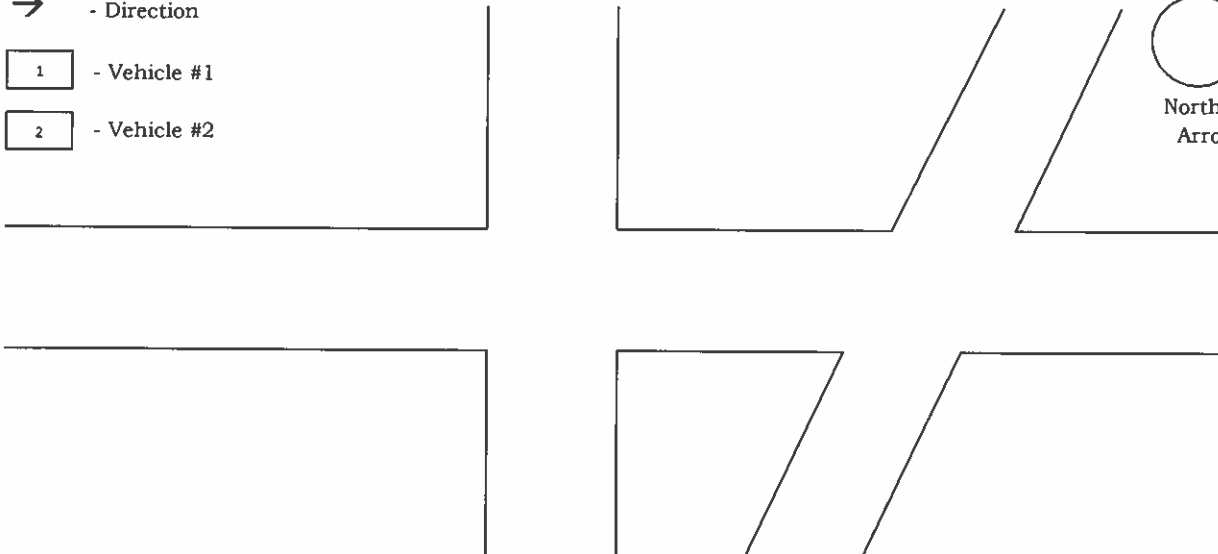
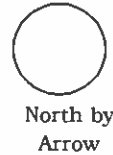
Accident Diagram

Please draw a diagram of the roadway or streets where the accident occurred, identifying streets or landmarks and indicating the vehicles involved and directions using the following symbols:

→ - Direction

1 - Vehicle #1

2 - Vehicle #2



Operator Signature _____

Date _____