

Bates College Automobile Accident Report

Please notify Security immediately after an incident. Complete and submit this report within 24 hours of the accident to Adam Mayo in Security. Please fill out all sections completely and attach additional sheets of paper to expand on any details.

Bates College Security- (207) 786-6254

COLLEGE POLICY: Bates College policy requires that any incident involving a Bates College motor vehicle or a College rented vehicle, regardless of severity, location or fault, **should be reported immediately** to the law enforcement authority within the jurisdiction where the accident occurred. *If on campus contact Campus Security.*

VEHICLE NO.1- Your Vehicle

Driver's Name (F/M/L)				Home Phone #	
Home Address				<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other (Explain) _____	
Date of Birth / /		Drivers License #		State	Bates ID #
Accident Date / /		Day of Week		Department	
Time this Trip Began <input type="checkbox"/> am <input type="checkbox"/> pm		Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm		Began From	
Destination		Make		Model	Year
License Plate #		Exact Location of Accident		Nearest City or Town	
County Name		Country		On (Street or Highway)	
Direction of Travel <input type="checkbox"/> Parked <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		(Street, Highway, Mile Marker, Terminal or Other Landmark) <input type="checkbox"/> Near <input type="checkbox"/> At			

DRIVERS LICENSE INFORMATION Copy from other Drivers' License	VEHICLE NO.2	VEHICLE OWNER'S INFORMATION Copy from Vehicle Registration Card
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Operator's Name (F/M/L)			Owner's Name (F/M/L)		
Operator's Address			Owner's Address		
City, State, Zip			City, State, Zip		
Telephone Number			Telephone Number		
Drivers License #		Expiration Date	Insurance Company		
Date of Birth / /		State of License	Policy #		Expiration Date
Number of Passengers		Number of Alleged Injuries	Year & Vehicle Make		Model
					Color
			License Plate #		State
			VIN #		

DRIVERS LICENSE INFORMATION Copy from other Drivers' License		VEHICLE NO.3	VEHICLE OWNER'S INFORMATION Copy from Vehicle Registration Card	
Operator's Name (F/M/L)		Owner's Name (F/M/L)		
Operator's Address		Owner's Address		
City, State, Zip		City, State, Zip		
Telephone Number		Telephone Number		
Drivers License #	Expiration Date	Insurance Company		
Date of Birth / /	State of License	Policy #	Expiration Date	
Number of Passengers	Number of Alleged Injuries	Year & Vehicle Make	Model	Color
		License Plate #		State
		VIN #		

ACCIDENT INFORMATION

Type of Collision- College Vehicle and: <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Car <input type="checkbox"/> Other Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object not fixed <input type="checkbox"/> Hit & Run <input type="checkbox"/> Fire <input type="checkbox"/> Overturn <input type="checkbox"/> Ran off Road <input type="checkbox"/> Submersion <input type="checkbox"/> Other		Traffic Control: <input type="checkbox"/> None <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Flashing Light <input type="checkbox"/> Yield Sign <input type="checkbox"/> Caution Sign <input type="checkbox"/> Construction Zone <input type="checkbox"/> RR Crossing <input type="checkbox"/> Police or Flagger <input type="checkbox"/> Other		Road Character: <input type="checkbox"/> Straight & Level <input type="checkbox"/> Straight & Upgrade <input type="checkbox"/> Straight & Downgrade <input type="checkbox"/> Straight & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Curve & Upgrade <input type="checkbox"/> Curve & Downgrade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Other		Accident Type: <input type="checkbox"/> Intersection <input type="checkbox"/> Struck Vehicle Ahead <input type="checkbox"/> Struck Vehicle Behind <input type="checkbox"/> Passing- Damage to Passenger Side <input type="checkbox"/> Passing- Damage to Driver's Side <input type="checkbox"/> Being Passed- Damage to Passenger Side <input type="checkbox"/> Being Passed- Damage to Driver's Side <input type="checkbox"/> Oncoming- Head On <input type="checkbox"/> Backing <input type="checkbox"/> Struck Fixed Object <input type="checkbox"/> Struck While Parked <input type="checkbox"/> Pulling into Curb <input type="checkbox"/> Pulling from Curb <input type="checkbox"/> Pedestrian Accident <input type="checkbox"/> Passenger Accident <input type="checkbox"/> Incident	
Road Surface Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Other		Roadway Surface: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy, Sand <input type="checkbox"/> Snow/Slush <input type="checkbox"/> Ice <input type="checkbox"/> Oil <input type="checkbox"/> Other		Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Other		Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Dark <input type="checkbox"/> Dark but lightly <input type="checkbox"/> Other	

Damage Description (Indicate clearly the points of impact to vehicles involved. The College Vehicle is Vehicle No. 1. The first Vehicle struck is Vehicle No. 2)

Vehicle No. 1

Describe Damages:



Vehicle No. 2

Describe Damages:



Accident Scene: (Draw a diagram of the accident scene. Use a **solid** line to show the path of each vehicle **before** the accident. Use a **dotted** line to show the path of each vehicle **after** the accident. Number each vehicle. Clearly show the names of all roads and traffic control devices. **Indicate NORTH with an arrow.**)

A large grid of dotted lines for drawing the accident scene.

<p>Did an Ambulance Respond to the Scene? YES NO</p> <p>Name of Ambulance Service:</p> <p>Name of Hospital(s) taken to:</p>	<p>Injuries To:</p> <p>(1) Name _____ Age _____</p> <p>Address _____</p> <p>Tel # _____ Injuries _____</p> <p>Passenger in Vehicle # _____</p> <p>(2) Name _____ Age _____</p> <p>Address _____</p> <p>Tel # _____ Injuries _____</p>	
<p>Did the Police Respond to the Scene?</p>	<p>Police Officer's Name and Badge Number</p>	<p>Police Department</p>
<p>Was a summons issued?</p>	<p>If so, to whom was the summons issued? For?</p>	<p>Police Report #</p>

WITNESSES

Name:	Address and Telephone Number:

DRIVER'S STATEMENT (Describe the incident completely)

