

## AUTOMOBILE ACCIDENT CLAIM FORM

<p style="text-align: center; margin: 0;">THE STATE UNIVERSITY OF NEW JERSEY</p> <h1 style="text-align: center; margin: 0;">RUTGERS</h1> <p style="text-align: center; margin: 0;">Department of Risk Management &amp; Insurance</p> <p style="text-align: center; margin: 0;">Administrative Services Building III 3 Rutgers Plaza, New Brunswick NJ 08901 Ph: (732) 932-7300 Fax: (732) 932-2580</p>	Department				
	Campus				
	Driver				
	Phone #				
	Supervisor				
	Phone #				
	Date of Accident				
	Time of Accident				
Vehicle Information	Make	Model	Year	VIN Number	License Plate

**Location of Accident:**

**Description of the Accident:**

**Description of Damage to Rutgers Vehicle**

**Name of person(s) in Rutgers Vehicle that were injured**

1)	2)
3)	4)

<b>Name of Police Officer/Department who Investigated the Accident</b>	<b>Police Report Number</b>

Name of Other Driver(s)	Phone	Address	City	State	Zip

**Other Vehicle(s) Information**

Make	Model	Year	License Plate	Insurance Co.	Policy No.

Name of Person(s) injured in Other Vehicle(s)	Phone	Address	Type of Injury
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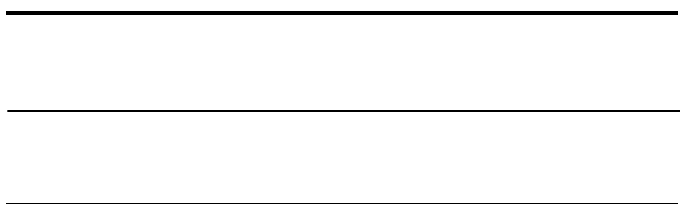
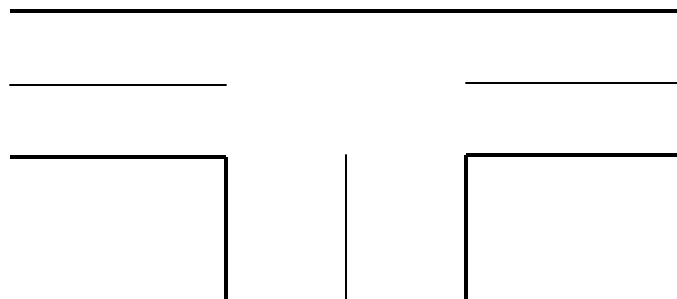
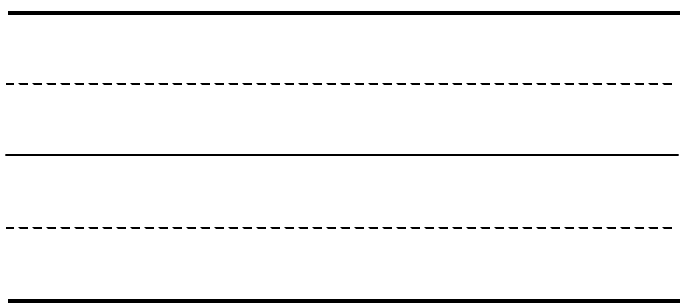
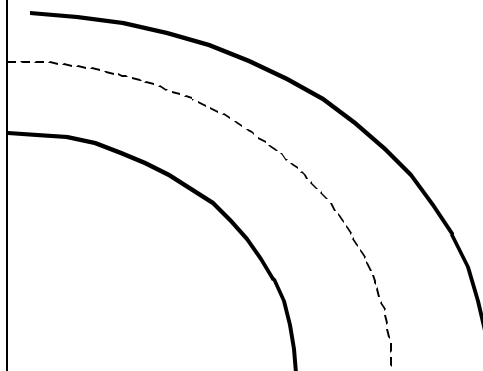
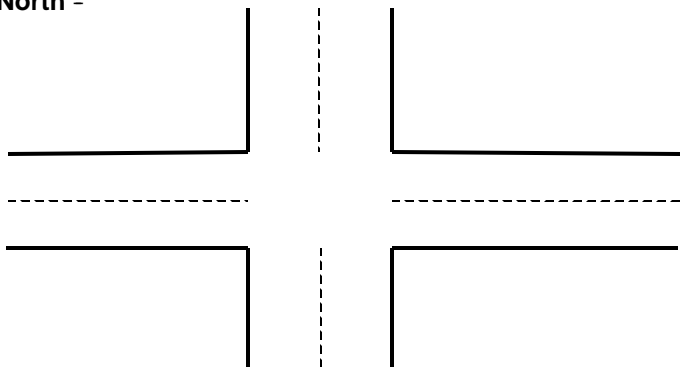

**THIS FORM MUST BE SUBMITTED TO RISK MANAGEMENT**

# RUTGERS UNIVERSITY AUTO ACCIDENT FORM

Name(s) of Witness	Phone	Address	City	State	Zip

**Please use one of the five templates or the blank space to draw a diagram of the accident**

North -



<b>Signature of the Driver</b>		<b>Date</b>	
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<b>Signature of the Supervisor</b>		<b>Date</b>	
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