



**UNIVERSITY CORPORATION AT MONTEREY BAY**  
 100 Campus Center, Seaside, California 93955-8001

**AUTOMOBILE ACCIDENT FORM**  
 (For University Corporation Use Only)

<b>Insurance Information:</b>	<b>Name:</b> University Corporation at Monterey Bay Submit Form to <a href="mailto:nayala@csumb.edu">nayala@csumb.edu</a>	(831) 582-3396
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**Date/Time/Location of Accident:**

Date:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location:
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**Vehicle:**

Year:	Make:	Model:	Serial Number:	Color:	License No.:
Owner of Vehicle/Name of Department:					Phone:
Name of Driver:			Phone:	Driver's License No.:	
Relation to owner: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student (Check One)			Was vehicle used with Owner's Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of vehicle at time of accident:					
Specify type of damage to vehicle (where on vehicle):					
Reported to Police? If yes, specify Name, Badge No., Location and Case Report Number. <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Damage to Property of Others:**

Owner:	Address:	Phone:
Driver (if not owner):	Address:	Driver's License No.: Phone:
Year/Make/Model of vehicle:		Vehicle License No.:
Name of Insurance company & Policy number:		

**Persons injured (Write NONE if no injuries):**

Name	Address	Phone	Age	Corporation Employee?	Type of Injuries

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Driver or Department Representative

**ADDITIONAL INFORMATION REQUIRED ON NEXT PAGE**

**Names and Addresses of Uninjured Occupants and Witnesses:**

Occupants of University Corporation car		
Name	Address	Phone
Occupants of Other car		
Other Witnesses or Persons present		

**Description:**

Description of Accident:

**Diagram:**

Complete the following diagram showing direction and positions of automobiles or property involved:

