



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

AUTOMOBILE ACCIDENT FORM
 (For University Corporation Use Only)

Insurance Information:	Name: University Corporation at Monterey Bay Carl Warren and Company c/o Mauri McGuire (805) 650-7020, ext. 1003 Risk and Compliance Manager of University Corporation (831) 582-4647
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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.:
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:

