

ORM 5 - AUTO ACCIDENT REPORTING FORM

**\*Always summon a law enforcement agency to fill out one of their official police department accident reports regardless of how minor the accident is.** Cooperate fully with the law enforcement agency investigating the accident. Complete this form and submit it to Transportation Services, 765-285-1022, and the Office of Risk Management, 765-285-1109, AD 103, or ORM@bsu.edu

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Location: \_\_\_\_\_

BSU Driver / Contact Info: \_\_\_\_\_

BSU Vehicle (Veh#, Plate#, Year/Make/Model): \_\_\_\_\_

Vehicle Owner, if other than BSU: \_\_\_\_\_

What happened? (short narrative of how accident occurred):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there injuries? \_\_\_\_\_

Did a police department respond? \_\_\_\_\_

Did EMS respond? \_\_\_\_\_

Is our vehicle drivable, or was it towed? \_\_\_\_\_

Other driver(s): (Name, address, phone#) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other vehicle(s): (Year/Make/Model, Insurance Co. / Policy #) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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