

**AUTO COLLISION INFORMATION FORM  
ANGELO STATE UNIVERSITY**

If you have a collision, use this form to record the facts about the collision, including names and address of all parties involved, and any witnesses to the collision. Give the completed form to your Department head. The Department head will send the form to **Environmental Health, Safety and Risk Management PO Box 10912 San Angelo, TX 76909-0912**

Date of collision and time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Location of Collision (Include City & State)
Description of Collision (use reverse side if necessary)			
Authority Contacted and Report #			Any violations/citations as a result of the collision (describe)

**PROPERTY DAMAGED (NOT YOUR VEHICLE)**

Describe Property (If auto, year, make, model, plate #)		Insurance Company	
Owner's Name & Address		Residence Phone (A/C, No. Ext):	
		Business Phone (A/C, No. Ext):	
Other Driver's Name & Address <input type="checkbox"/> (Check if same as owner)		Residence Phone (A/C, No. Ext):	
		Business Phone (A/C, No. Ext):	
Driver's License Number	Describe Damage	Where can damage be seen?	
Insurance Company Name	Policy Number	Agent's Name and Number	

**INJURED PARTIES**

Name & Address	Phone (A/C, No)	Age	Describe Injury
Injured was: <input type="checkbox"/> Pedestrian <input type="checkbox"/> In your car <input type="checkbox"/> In other car			
Injured was: <input type="checkbox"/> Pedestrian <input type="checkbox"/> In your car <input type="checkbox"/> In other car			

**WITNESSES OR PASSENGERS**

Name & Address	Phone (A/C, No.)	Ins Veh	Oth Veh	Statement Attached?

**YOUR INSURED VEHICLE**

Year	Make	Model	VIN	License Number
Department Name Supervisor to whom you reported:			Department Phone (A/C, No)	
Department Head Name				
Driver's Name & Address			Residence Phone (A/C, No) Business Phone (A/C, No. Ext):	
Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License #	State	Purpose of Use
			Used with Permission <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Damage			Where can Vehicle be seen?	When can Vehicle be seen?

**In addition to this form please provide a copy of the police report and OP 72.02 attachments B & C. In the event of collision always contact the appropriate law enforcement agency and ask that they prepare an accident report.**