POLICYHOLDER INFORMATION See enclosed Auto ID card.				AUTHORITY CONTACTED Name:				OTHER VEHICLE INFORMATION Description of Property:				
ACCIDENT/LOSS Date and time of accident: / / AM/PM				Badge #:			-	If Auto — Year, Make, Model, Plate #: Driver's Name:				
Location of Accident:				UNIVERSITY VEHICLE VIN: Year:				Driver's License #:Address:				
Street				Make: Model: Plate #: State: Driver's Name:			-	Phone: () Owner's Name & Address, if Different Than Driver:				
City, State, Zip Description of Accident:				Driver's License #:				_				
				Phone: () Description of Damage:				Description of Damage:				
				Description of Injuries:				Description of Injuries:				
				INJURED		****		-				
				Name	Address	Phone	Pe	edes.	Insured Vehicle	Other Vehicle	Extent of Injuries	
CONDI	TIONS	<i>i</i> w				ne by ambulance?		□ No				
Weather:				Name Address Phone			3	Insured		Other Other (Specify)		
Clear Sleet	Cloudy Snow	Fog	Rain	1901110	Addition		+	Vehicle	Vehic	le	Said (Should)	
Siedt	CHOW	Ou /61										
Speed Lis	mit:											