

### AUTO ACCIDENT REPORT FORM

**All accidents must be reported within 24 hours to the Department of Safety & Risk Management**  
 Please include photographs with completed forms

GENERAL INFORMATION		
Name of GSU Driver	Title	
Department	Email	
Driver's License State & Number	Phone	Fax
GSU VEHICLE/DRIVER INFORMATION		
Date of Incident	Time of Incident	Address of Incident (Please use diagram on other side to indicate vehicle locations)
Year/Make/Model of Vehicle	Plate #	
VIN #	Nature of Damage to Vehicle	
Passengers and Contact Information		
OTHER VEHICLE INFORMATION		
Name of Driver	Driver's License State & Number	
Address of Driver	Telephone Number of Driver	
Insurance Company	Policy Number	
Year/Make/Model of Vehicle	Plate #	
VIN #	Nature of Damage to Vehicle	
Passengers and Contact Information		
POLICE REPORT		
Name of Officer	Badge #	Police Report #
INJURY INFORMATION		
Name of Injured Person	Address of Injured Person	Phone # of Injured Person
Nature of Injury	<input type="checkbox"/> Driver <input type="checkbox"/> Rider – Your car <input type="checkbox"/> Pedestrian <input type="checkbox"/> Rider – Other car	
Name of Injured Person	Address of Injured Person	Phone # of Injured Person
Nature of Injury	<input type="checkbox"/> Driver <input type="checkbox"/> Rider – Your car <input type="checkbox"/> Pedestrian <input type="checkbox"/> Rider – Other car	
WITNESS INFORMATION		
1	Name	Address
	Email	Phone
2	Name	Address
	Email	Phone

Form submission and questions should be submitted to the following:

Queenie Gamble, Claims Manager

Email: [qgamble@gsu.edu](mailto:qgamble@gsu.edu)

Phone: 404-413-9546

Elizabeth Barrett, Director, Department of Safety and Risk Management

Email: [ebarrett7@gsu.edu](mailto:ebarrett7@gsu.edu)

Phone: 404-413-9548

Fax: 404-413-9550

USE DIAGRAM  
INDICATE NORTH-SHOW VEHICLES



A

B

C