

**NOTRE DAME ATHLETICS TEAM TRAVEL POLICY  
ACCIDENT REPORTING FORM (FORM E)**

**UNIVERSITY OF NOTRE DAME  
AUTOMOBILE LOSS NOTICE FORM**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ FOAPAL# for Deductible \_\_\_\_\_

Reported to UND Security:  Yes  No Other Authorities Contacted: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ City/State: \_\_\_\_\_

Details of Incident (Additional Space Available on Reverse Side of Form): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**University Vehicle Information:**

Vehicle Yr: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Driver: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ License Plate # of Vehicle: \_\_\_\_\_

Driver Injured:  Yes  No Other Occupants Injured:  Yes  No

Other Occupants' Names: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Vehicle Information:**

**Driver 2<sup>nd</sup> Vehicle:** \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Vehicle Yr: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate No.: \_\_\_\_\_

**Driver 3<sup>rd</sup> Vehicle:** (Please list all contact information on back of form)

**Witnesses:** (If more than one Witness, please list on back of form)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

---

**RISK MANAGEMENT USE:**

Claim #: \_\_\_\_\_ Representative Assigned: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Submit Report to: Risk Management & Safety Dept., Carla Gruse, Claims Specialist, 636 Grace Hall – 574/631-7532*

*Please provide additional information or diagram of incident here:*