**ACCIDENT SCENE DIAGRAM**



Indicate location of all traffic signals, stop signs, speed limit signs, etc.

Indicate location of all vehicles/pedestrians and witnesses.

* **If serious accident, contact the University immediately.**
* **Contact Carl Warren & Company Monday-Friday, including after hours: Toll Free: (800) 721-8802**

**Online: IUC-IC@carlwarren.com**

University Name:

Reported by (name of person completing this report):

Is vehicle drivable?

Additional Information:

**Accident Reporting Kit**

**For**

**Inter University Council Insurance Consortium**

 **What to do in case of an accident?**

|  |
| --- |
| **STOP**Turn off ignition. |
| **PROTECT**Guard the scene from further damage. |
| **ASSIST**Render only what first aid you are qualified to give. Don’t move injured unless absolutely necessary. For serious injury, call an ambulance. |
| **CALL**Notify local police department. In many states it is unlawful to leave the accident without permission. Cooperate with the authorities. If the police do not arrive at the scene proceed to the local police department and file a desk report. |
| **OBTAIN**Get all the necessary information for an accurate report (include witness information where applicable). |
| **REPORT**Follow internal procedures. Report all accidents to your department manager for the University. |
| **AVOID**Do not discuss the facts of the accident with anyone other than a law enforcement agency or a representative of your company. |

**THIS ACCIDENT REPORTING KIT SHOULD BE CARRIED IN THE GLOVE COMPARTMENT OF YOUR VEHICLE**

**AT ALL TIMES.**

**POLICYHOLDER INFORMATION**

**See enclosed Auto ID card.**

**ACCIDENT/LOSS**

**Date and time of accident:**

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_am/pm

**Location of Accident:**

Street

City, State, Zip

**Description of Accident:**

**CONDITIONS**

**Weather:**

Clear Cloudy Fog Rain

Sleet Snow Other:

**Speed Limit:**

**AUTHORITY CONTACTED**

**Name:**

**Badge #:**

**Report #:**

**Citation Issued? 🞏 Yes 🞏 No**

**If so, against whom:**

**UNIVERSITY VEHICLE**

**VIN: Year:**

**Make: Model:**

**Plate #: State:**

**Driver’s Name:**

**Driver’s License #:**

**Address:**

**Phone: ( )**

**Description of Damage:**

**Description of Injuries:**

**INJURED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Pedes.** | **InsuredVehicle** | **OtherVehicle** | **Extent of Injuries** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Was anyone taken from the scene by ambulance? 🞏 Yes 🞏 No**

**WITNESSES, INCLUDING PASSENGERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **InsuredVehicle** | **OtherVehicle** | **Other (Specify)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**OTHER VEHICLE INFORMATION**

**Description of Property:**

**If Auto — Year, Make, Model, Plate #:**

**Driver’s Name:**

**Driver’s License #:**

**Address:**

**Phone: ( )**

**Owner’s Name & Address, if Different Than Driver:**

**Description of Damage:**

**Description of Injuries:**