

# Vehicle Accident Report

Report Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Report \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time \_\_\_\_\_ Name of UC Driver: \_\_\_\_\_

Dept. using vehicle: \_\_\_\_\_ Driver's Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Type of Vehicle and UC ID# \_\_\_\_\_

How many passengers in the vehicle? \_\_\_\_\_ Passenger Names: \_\_\_\_\_

**Other Party Information** Insurance company and policy #: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ License #: \_\_\_\_\_

How many passengers? \_\_\_\_\_ Passenger Names: \_\_\_\_\_

**Other Party Information** Insurance company and policy #: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ License #: \_\_\_\_\_

How many passengers? \_\_\_\_\_ Passenger Names: \_\_\_\_\_

*Use separate sheet if additional vehicles involved.*

**Witnesses:**

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

Phone: \_\_\_\_\_

Police responded? Yes No **If Yes:** Officer's Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

Officer's Department: \_\_\_\_\_ Phone #: \_\_\_\_\_ Report # \_\_\_\_\_

**Details:**

Did Paramedics or EMS respond? Yes No Was anyone taken away by ambulance? Yes No

Name of party if known: \_\_\_\_\_ Hospital name: \_\_\_\_\_

Did anyone complain of injury, but not require Paramedic attention? \_\_\_\_\_

Location of accident: \_\_\_\_\_

Describe the incident and damage to vehicle: \_\_\_\_\_

Diagram accident scene: Mark your vehicle #1