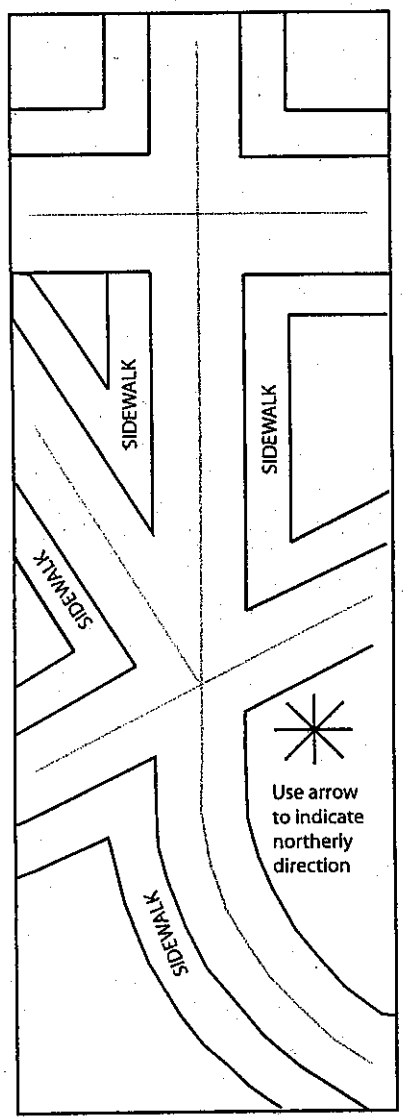
ACCIDENT SCENE DIAGRAM

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 GAB Robins at 216-901-1094 between the hours of 8 a.m. and 5 p.m. Eastern time, Monday through Friday**

☐ **If the accident occurs after hours or on a holiday, contact MedInsights at 1-800-453-4715**

University name: _____

Reported by (name of person completing this report):

_____

_____

_____

Is the vehicle drivable? _____

Additional information:

_____

_____

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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 an injured person unless absolutely necessary. For serious injuries, call an ambulance.

CALL:
Notify the local police department. In many states it is unlawful to leave the scene of an accident without permission. Cooperate with authorities.

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.

POLICY HOLDER 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:

_____

_____

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CONDITIONS

Weather:
☐ Clear ☐ Cloudy ☐ Fog ☐ Rain
☐ Sleet ☐ Snow ☐ Other _____

Speed Limit: _____

AUTHORITY CONTACTED

Name: _____

Badge #: _____

Report #:_____

Citation issued: ☐ Yes : Against whom? _____
☐ No

UNIVERSITY VEHICLE

VIN: _____ Year: _____

Make: _____ Model: _____

Plate # _____ State:_____

Driver's name:_____

Driver's license #: _____

Address: _____

_____

Phone: (_____) _____

Description of damage: _____

_____

Description of injuries: _____

_____

OTHER VEHICLE INFORMATION

Description of property: _____

_____

If auto: year, make, model and plate #: _____

_____

Driver's name: _____

Driver's license #: _____

Address: _____

_____

Phone: (_____) _____

Owner's name & address (if different than driver)

_____

_____

_____

Description of damage: _____

_____

Description of injuries: _____

_____

_____

INJURED

Name	Address	Phone	Pedestrian	Insured Vehicle	Other Vehicle	Extent of Injuries

Was anyone taken from the scene by ambulance?
☐ Yes ☐ No

WITNESSES (including passengers)

Name	Address	Phone	Pedestrian	Insured Vehicle	Other Vehicle	Other (specify)