ACCIDENT SCENE DIAGRAM

- If serious accident, contact the University immediately.
- Contact Gallagher Bassett at 800-416-1826 ext. 216, 8:30 am - 4:30 pm (Eastern), Monday - Friday.
- If accident occurs after hours or on a holiday, contact MedInsights at 800-453-4715.

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.

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.
### 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:** (___)

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

### Description of Damage:

### Description of Injuries:

### Injured

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Pedes.</th>
<th>Insured Vehicle</th>
<th>Other Vehicle</th>
<th>Extent of Injuries</th>
</tr>
</thead>
</table>

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

### Witnesses, Including Passengers

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Insured Vehicle</th>
<th>Other Vehicle</th>
<th>Other (Specify)</th>
</tr>
</thead>
</table>

### Conditions

**Weather:**

- Clear
- Cloudy
- Fog
- Rain
- Sleet
- Snow
- Other

**Speed Limit:**  

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