ACCIDENT SCENE DIAGRAM

- If serious accident, contact the University immediately.
- Contact Corporate Claims Management, Inc. (CCMI) Monday-Friday, including after hours: Toll Free: (800) 449-2264 Online: iUCICClaims@corporateclaims.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.

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:

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:

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: __________________

INJURED

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<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>
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Was anyone taken from the scene by ambulance? □ Yes □ No

WITNESSES, INCLUDING PASSENGERS

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