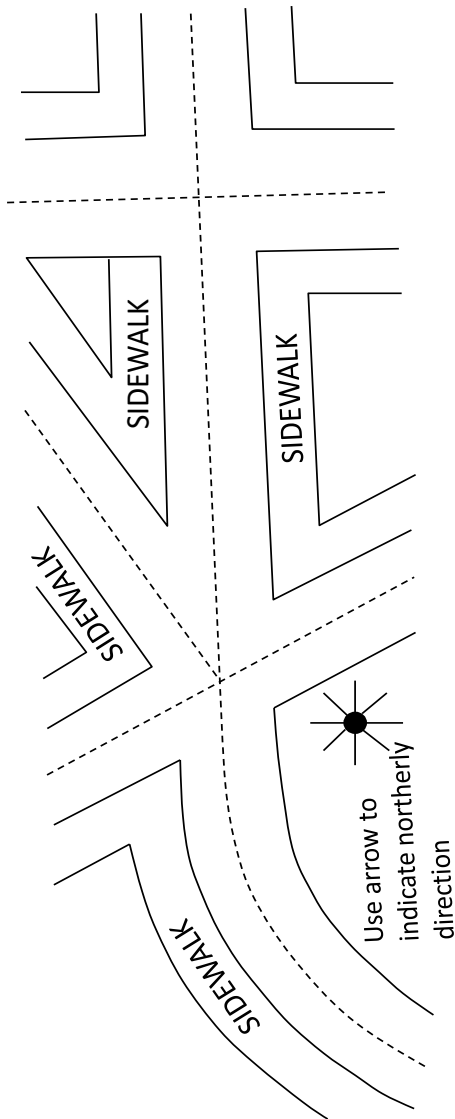


## ACCIDENT SCENE DIAGRAM



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](mailto: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.	Insured Vehicle	Other Vehicle	Extent of Injuries

Was anyone taken from the scene by ambulance?     Yes     No

**WITNESSES, INCLUDING PASSENGERS**

Name	Address	Phone	Insured Vehicle	Other Vehicle	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_