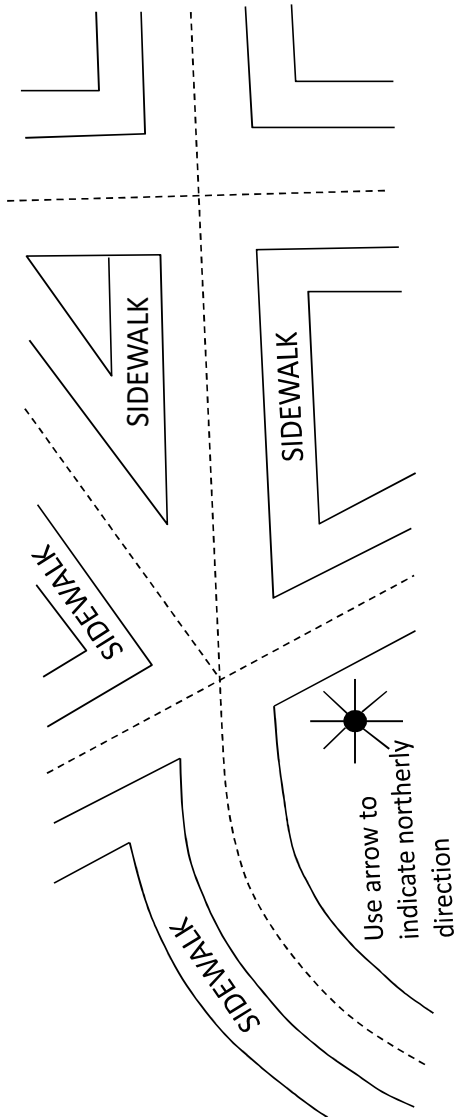


ACCIDENT SCENE DIAGRAM



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

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: _____

AUTO IDENTIFICATION CARD

Contract #: IUCIC – AL- July 2022-2024

<u>Named Insured:</u>	<u>Effective Date:</u>	<u>Expiration Date:</u>
Wright State University	7/1/22	7/1/24

Wright State University is an instrumentality of the State of Ohio, and as such, is exempted from the requirement to maintain financial responsibility per the Ohio Revised Code Section §4509.71 Exemption of Certain Owners of Motor Vehicles as follows:

Sections §4509.01 to 4509.79, except Section §4509.06, of the Revised Code do not apply to any motor vehicle owned and operated by the United States, this state, any political subdivision of this state, any municipal corporation therein or any private volunteer fire company serving a political subdivision of the state. Section §4509.06 of the Revised Code does not apply to any vehicle owned and operated by any publicly owned urban transportation system.

HISTORY: GC §6298-91; 124 v 563(584); Bureau of Code Revision, 10-1-53; 125 v 381 (Eff. 10-15-53); 139 v S 331. (Eff. 5-21-82.)

****REFER TO THE REVERSE SIDE OF THIS CARD FOR INFORMATION ON WHERE TO REPORT CLAIMS****

AUTO IDENTIFICATION CARD

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PLEASE REPORT ALL ACCIDENTS IMMEDIATELY

In case of accident, please contact Primary Risk Management
Lura Clapper
Wright State University
3640 Colonel Glenn Highway, 360 University Hall
Dayton, OH 45435
P: (937) 775-3908
lura.clapper@wright.edu

If there are injuries to report and you cannot reach Primary Risk Management contact Carl Warren & Company the claims agent for THE IUC-IC SELF INSURANCE POOL, at the following phone number(s):

Monday – Friday (all hours)
Toll Free: (800) 721-8802
Online: IUC-IC@carlwarren.com

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