

UCSC AUTOMOBILE ACCIDENT OR LOSS REPORT

Report all incidents telephonically within 24 hours: Call 1-800-416-4029 – available 24 hours every day.
Choose option “1” for University of California.

Report the accident or incident to law enforcement. If law enforcement refuses to take a report, make a note of the contact with law enforcement. You must also notify your supervisor and follow any additional reporting procedures required either internally or by other UC departments. Use this *UCSC Automobile Accident or Loss Report* to collect detailed information about the vehicle incident or accident. Do not forward this report to Fleet Services or Risk Services. Fleet Services and Risk Services will receive electronic notification once the claim has been telephonically reported.

ACCIDENT INFORMATION

Date of Accident or Incident <i>for parked or unoccupied vehicles use date when damage was discovered</i>		Time of Accident or Incident <i>for parked or unoccupied vehicles use time when damage was discovered</i>		
Location of Accident or Incident – Street <i>if location is a parking lot use name of closest street; if on campus provide campus address</i>			City	State
Police Report Number	Police Reporting Agency	Policy Agency Contacted <i>if no Officer Present at Scene of Accident or Incident</i>		

DRIVER INFORMATION

Name of Driver		Driver's License Number	Date of Birth
Address			
Home Phone	Work Phone	Cell Phone	
Department		Relationship to UC Department	
Describe purpose of trip during which accident occurred			

VEHICLE INFORMATION

Year	Make	Model	UC Vehicle No.	License No.	State
Vehicle Parts Affected <i>for example, front, back, driver's side, passenger side</i>					
Damage <i>for example, dented, broken, paint transfer, or no damage</i>					
Where may vehicle be seen (address)?					

OTHER DRIVER'S INFORMATION

Name of Driver		Driver's License Number	Date of Birth
Address			
Home Phone	Work Phone	Cell Phone	

OTHER VEHICLE INFORMATION

Year	Make	Model	UC Vehicle No.	License No.	State
Vehicle Parts Affected <i>for example, front, back, driver's side, passenger side</i>					
Damage <i>for example, dented, broken, paint transfer, or no damage</i>					
Where may vehicle be seen (address)?					

OTHER PROPERTY INFORMATION

Damage <i>describe any other property that was damaged</i>					
Where may this other property be seen (address)?					

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PERSONS INJURED

Name	Address	Phone	Passenger in	
			Driver's Vehicle	Other Vehicle
			<input type="checkbox"/>	<input type="checkbox"/>
Describe Injuries				
			<input type="checkbox"/>	<input type="checkbox"/>
Describe Injuries				
			<input type="checkbox"/>	<input type="checkbox"/>
Describe Injuries				

UNINJURED OCCUPANTS

			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

WITNESSES

Name	Address	Business Phone	Home Phone

DESCRIPTION OF ACCIDENT

Include - at a minimum - direction of travel (forward, backing, turning, etc.) description of location (parking lot, four lane highway, etc.) and what part(s) of the vehicle(s) were involved.

Name of Person Completing this Report

Phone Number