University of California, Riverside

DRIVER’S VEHICLE INCIDENT REPORT

Use this form to collect and document information and details of the vehicle incident or accident. Drivers MUST report ALL incidents or accidents regardless of the extent of damage to the vehicle within 24-hours directly to UCR’s Claims Administrator, Sedgwick, by calling 1-800-416-4029 and then pressing 1. Sedgwick’s operators are available 24/7.

SECTION I: INCIDENT INFORMATION

Date of Incident ______________    Time of Incident ________________  Date Reported ______________

Incident Address or Location ____________________________________________________________________

Number of Vehicles Involved ______                          Number of Passengers in ALL Vehicles Involved _______

Number of INJURED PERSONS (in ALL Vehicles or Pedestrians) Involved _______ Number of Witnesses ______

Describe, in detail, the cause and results of the Incident ______________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Police Authority Notified  □ Yes  □ No, if Yes, Police Department Name/Report # __________________________

___________________________________________________________________________________________

SECTION II: UNIVERSITY VEHICLE & DRIVER INFORMATION

UC Vehicle Number _______   UC License Plate Number _______________________________

Driver’s Name _____________________________  □ Faculty  □ Staff  □ Student  □ Other (Note) __________

Home Address (Street, City, Zip Code) ____________________________________________________________

___________________________________________________________________________________________

Your Driver's License # _____________________ Work Phone ___________________ Home Phone __________

Describe Damage to University Vehicle ___________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________
### SECTION III: OTHER PARTY VEHICLE/PROPERTY DAMAGE INFORMATION

Year ______ Make ____________ Model _______________ License Plate Number _____________________

Driver’s Name ____________________________________________________________________________

Address (Street, City, and Zip Code) ____________________________________________________________________

___________________________________________________________________________________________

Driver’s License # __________________ Work Phone __________________ Home Phone __________________

Registered Owner of Vehicle (if different from Driver) ___________________________________________

Insurance Co ___________________________________ Policy Number __________________________

Describe Damage ___________________________________________________________________________
___________________________________________________________________________________________

### SECTION IV: INJURED PARTY INFORMATION

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<th>Name</th>
<th>Address (Street, City, Zip Code)</th>
<th>Phone Number</th>
<th>Indicate faculty, staff, student or other</th>
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### SECTION V: WITNESS INFORMATION

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Attach PHOTOS (if possible), Additional information, etc.

Keep this completed form for your records, and advise your Supervisor/Department of the incident.

Form RM 10/2008