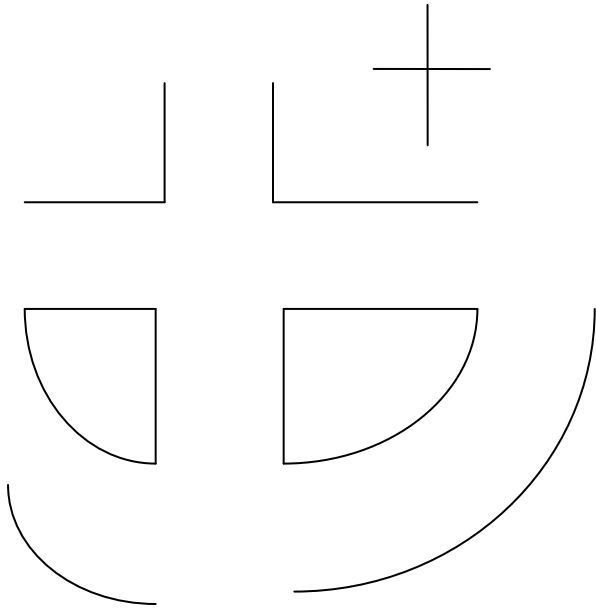


## Accident Scene Diagram

Indicate location of all traffic signals, stop signs, speed limit signs, etc. Indicate location of all vehicles/pedestrians and witnesses. Indicate who had right of way and which vehicle entered intersection first. **Indicate point of compass**



Number each vehicle and show direction of travel by arrow.



Use solid line to show path before accident \_\_\_\_\_

Use dotted line after accident - - - - -

Show pedestrian by



Stop Sign



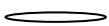
Yield Sign



Stop Light



Motorcycle or Bicycle



## INJURED NAMES

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

## UNIVERSITY PASSENGERS

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## OTHER VEHICLE PASSENGERS

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

# University of California, Merced

## Accident Reporting



Kit

### What to do in case of an accident

**REMAIN CALM:**  
Stop and turn off ignition.

**ASSIST:**  
Aid the injured.

**CALL 911**  
Notify the police; call for ambulance if necessary.

**OBTAIN:**  
Get all contact and insurance information of all involved parties.

**GET WITNESSES:**  
Pass out and collect witness cards.

**REPORT:**  
Describe and diagram accident.

**AVOID:** Do not discuss the accident with anyone other than police or a University representative. Do not accept or deny fault or offer to pay for damages.

**CALL: 1-800-416-4029** to report claim

# Vehicle Accident Report

## UNIVERSITY DRIVER INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

## UNIVERSITY VEHICLE

UC Vehicle # \_\_\_\_\_

Vehicle License # \_\_\_\_\_

Year, Make, Model \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Describe Damage \_\_\_\_\_  
\_\_\_\_\_

## OTHER VEHICLE/DRIVER

Vehicle License # \_\_\_\_\_

Year, Make, Model \_\_\_\_\_

Driver Name \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Registered Owner \_\_\_\_\_

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Describe Damage \_\_\_\_\_  
\_\_\_\_\_

## ACCIDENT DETAILS

Date and Time \_\_\_\_\_

Accident Location (Address/area) \_\_\_\_\_  
\_\_\_\_\_

Road Conditions \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Traffic Conditions \_\_\_\_\_

Speed Limit \_\_\_\_\_

How Fast Were You Driving? \_\_\_\_\_

Est. Speed of Other Vehicle \_\_\_\_\_

Were Your Lights On? \_\_\_\_\_ Were Other Car's Lights on? \_\_\_\_\_

Were You Using a Cell Phone or Other Electronic Device?

Yes  No

## AUTHORITY CONTACTED

Police Report Made? Yes  No

Name and Address of Investigating Agency (e.g. UC Merced  
Police, Merced City Police, CHP, etc.) \_\_\_\_\_  
\_\_\_\_\_

Officer Name \_\_\_\_\_

Badge # \_\_\_\_\_

Report # \_\_\_\_\_

Citation Issued?  Yes  No

If yes, against whom? \_\_\_\_\_

## SIGNATURES

University Driver \_\_\_\_\_

Date \_\_\_\_\_

Driver's Supervisor \_\_\_\_\_

Date \_\_\_\_\_

## ACCIDENT DESCRIPTION

State How Accident Occurred (attach additional sheets  
if necessary) \_\_\_\_\_  
\_\_\_\_\_  
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**hours no matter how minor and regardless  
of who is at fault. Inform your supervisor  
immediately, and report the incident  
directly to the University of California,  
Merced Claims Administrator, by calling**

**1-800-416-4029**

**Operators are available 24 hours a day. 365  
days a year.**

**Submit this completed form to Risk  
Services within five working days  
following the accident.**