UCR AUTO INCIDENT – TELEPHONIC REPORTING

Effective January 1, 2010

DRIVER REPORTING REQUIREMENTS:

Each vehicle has a Driver Incident Report Form # RM 10/2008 to collect and document at the scene all necessary information and details of the incident. Drivers are required to report ALL auto incidents within 24 hours direct to UCR’s Claims Administrator, Sedgwick by calling 1-800-416-4029 and Press 1.” Operators are available 24/7.

DRIVER CALL-IN INSTRUCTIONS:

Identify yourself to the operator as an employee or student of UCR. Be prepared to answer the following questions for the operator: UCR Account Number: 20950008
Unit: 134 Other Support Services Sub Unit #1: D01119 Fleet services

PERSONAL INFORMATION:

Driver’s Name
Drivers License #
Home Phone
Work Phone
Department
Job Title

INCIDENT INFORMATION:

Date of Incident
Time of Incident
Location of Incident
No. of vehicles involved
Number of Injured parties
Police authority name
Police report #
Describe in detail the incident

UC VEHICLE INFORMATION:

UCR Vehicle #
Vehicle License #
Year/Make/Model
Damage description
Location of UC vehicle

UC PASSENGER INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]
Describe injuries

OTHER VEHICLE INFORMATION

Year/Make/Model
Driver name, address, phone
Driver License #
Vehicle License #
Insurance company and policy number
Vehicle Damage description
Passenger injuries

WITNESS INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]

ADDITIONAL INFORMATION:

Any pertinent information please provide
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>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