**ACCIDENT SCENE DIAGRAM**

- If serious accident, contact the University immediately.
- Contact Corporate Claims Management, Inc. (CCMI) Monday-Friday, including after hours:
  - Toll Free: (800) 449-2264
  - Online: IUCICClaims@patnat.com

**University Name:**

**Reported by (name of person completing this report):**

**Is vehicle drivable?**

**Additional Information:**

Indicate location of all traffic signals, stop signs, speed limit signs, etc.

Indicate location of all vehicles/pedestrians and witnesses.

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**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:

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: ( )

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:

INJURED

Was anyone taken from the scene by ambulance? □ Yes □ No

WITNESSES, INCLUDING PASSENGERS

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