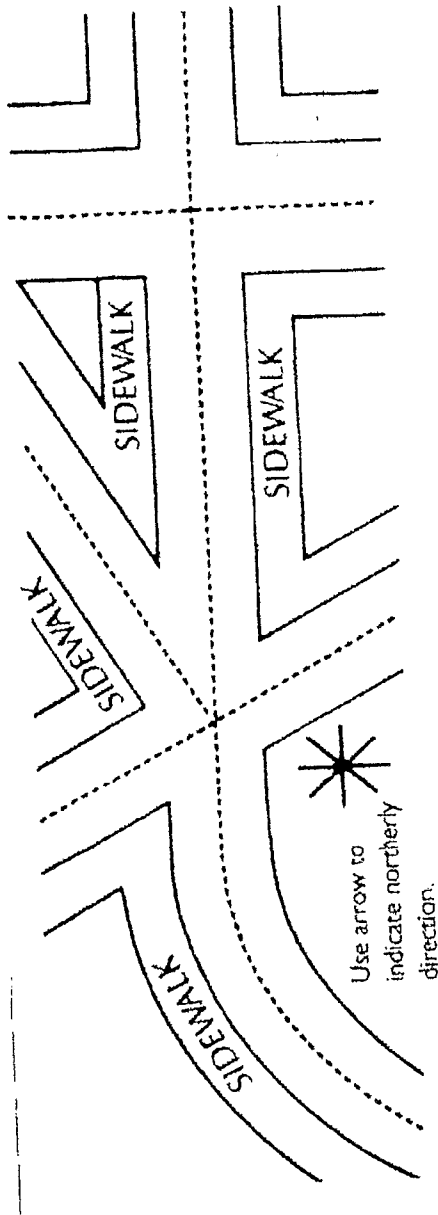


ACCIDENT SCENE DIAGRAM



- ✓ If serious accident, contact the University immediately.
- ✓ Contact GAB Robins at 877-696-8232, between the hours of 7:30 am and 4:30 pm EST, Monday – Friday.
- ✓ If accident occurs after hours or on a holiday, contact MedInsights at 800-453-4715.

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.

**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.

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:

____/____/____ AM/PM

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: (____) _____

Description of Damage: _____

Description of Injuries: _____

INJURED

Name	Address	Phone	Pedes.	Insured Vehicle	Other Vehicle	Extent of Injuries

Was anyone taken from scene by ambulance? Yes No

WITNESSES, INCLUDING PASSENGERS

Name	Address	Phone	Insured Vehicle	Other Vehicle	Other (Specify)

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: _____

PLEASE REPORT ALL ACCIDENTS IMMEDIATELY

In case of accident, please contact **GAB Robins**, the claims agent for THE IUC-IC SELF INSURANCE POOL, at the following phone number(s):

Monday – Friday (7:30 am to 4:30 pm)

(877) 696-8232

All Other Hours

800-453-4715

For other questions, contact University of Toledo internal contact:

Tom Claire, Risk Management
University of Toledo HSC
3000 Arlington, Toledo 43614
P: (419) 383-4570
F. (419) 383-3896
tom.claire@utoledo.edu

AUTO IDENTIFICATION CARD

Contract #: IUCIC-AL-July2009

Named Insured:

University of Toledo

Effective Date:

7/1/09

Expiration Date:

7/1/10

University of Toledo is an instrumentality of the State of Ohio, and as such, is exempted from the requirement to maintain financial responsibility per the Ohio Revised Code Section §4509.71 Exemption of Certain Owners of Motor Vehicles as follows:

Sections §4509.01 to 4509.79, except Section §4509.06, of the Revised Code do not apply to any motor vehicle owned and operated by the United States, this state, any political subdivision of this state, any municipal corporation therein or any private volunteer fire company serving a political subdivision of the state. Section §4509.06 of the Revised Code does not apply to any vehicle owned and operated by any publicly owned urban transportation system.

HISTORY: GC §6298-91; 124 v 563(584); Bureau of Code Revision, 10-1-53; 125 v 381 (Eff. 10-15-53); 139 v S 331. (Eff. 5-21-82.)

****REFER TO THE REVERSE SIDE OF THIS CARD FOR
INFORMATION ON WHERE TO REPORT CLAIMS****