

UNIVERSITY OF CALIFORNIA, BERKELEY
OFFICE OF RISK MANAGEMENT
2130 CENTER STREET, MAIL CODE 4208
PHONE: 642-5141
FAX: 643-0281

REPORT OF VEHICLE ACCIDENT

Send completed report to Office of Risk Management within three working days of accident

Date and Time Accident Occurred: _____

Location of Accident: _____

UC Vehicle License # _____ UC Vehicle # _____ Year/Make/Model: _____

Department Using Vehicle: _____

Department Address: _____

Was vehicle being used for University business? Yes _____ No _____

If Yes, Nature of Business: _____

Destination at Time of Accident: _____

How Could the Accident have been Prevented?: _____

Year/Make/Model of Other Vehicle Involved: _____ Vehicle License #: _____

Name of Other Vehicle's Owner: _____ Driver's License #: _____

Address: _____ Phone #: _____

Registered Owner of Other Vehicle: _____

Address: _____ Phone #: _____

Other Driver's Insurance Company: _____ Policy #: _____

Name/Address/Telephone of Witness #1: _____

Name/Address/Telephone of Witness #2: _____

Name of UC Driver: _____ Birthdate: _____ Driver's License #: _____

Department: _____ Address: _____

Phone #: _____ Job Title: _____

Name of Supervisor: _____ Phone #: _____

BE SURE TO COMPLETE THE REVERSE/SECOND PAGE OF THIS FORM

Describe the Accident: _____

Describe the Damage to the UC Vehicle: _____

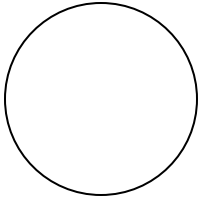
Describe the Damage to the Other Vehicle: _____

Accident reported to (circle all that apply): CAMPUS POLICE CITY POLICE HIGHWAY PATROL

Police Report Number(s): _____

Please draw a picture of the accident. Indicate UC vehicle as A, other vehicles as B, C, etc. Indicate the position of all vehicles and/or fixed objects involved in the accident.

Indicate North Here:



Weather Conditions (circle all that apply):

- Clear
- Cloudy
- Raining
- Snowing
- Fog
- Other (Specify): _____

Roadway Condition (circle all that apply):

- Holes/Ruts
- Loose Material on Roadway
- Obstruction on Roadway
- Reduced Roadway Width
- Flooded
- No Unusual Conditions
- Other (Specify): _____

Signature of UC Driver or Other Employee Responsible for Vehicle:

Date: _____