

UNIVERSITY OF CALIFORNIA, BERKELEY
OFFICE OF RISK SERVICES
2130 CENTER STREET, MAIL CODE 4208
PHONE: (510) 642-5141 FAX: (510) 643-0281
EMAIL: risk@berkeley.edu

REPORT OF VEHICLE ACCIDENT

Email, fax or send completed report to Office of Risk Services within three business 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 Driver: _____ 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:



<p>Weather Conditions (Check all that apply):</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Cloudy</p> <p><input type="checkbox"/> Raining</p> <p><input type="checkbox"/> Snowing</p> <p><input type="checkbox"/> Fog</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<p>Roadway Condition (Check all that apply):</p> <p><input type="checkbox"/> Holes/Ruts</p> <p><input type="checkbox"/> Loose Material on Roadway</p> <p><input type="checkbox"/> Obstruction on Roadway</p> <p><input type="checkbox"/> Reduced Roadway Width</p> <p><input type="checkbox"/> Flooded</p> <p><input type="checkbox"/> No Unusual Conditions</p> <p><input type="checkbox"/> Other (Specify): _____</p>
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Signature of UC Driver or Other Employee Responsible for Vehicle:

Date: _____