

UNIVERSITY OF CALIFORNIA, BERKELEY
OFFICE OF RISK SERVICES
2111 BANCROFT WAY SUITE 317 MAIL CODE 1120
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:



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

Date: _____