

Witnesses:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Your Vehicle

Make and Year: _____

License Plate No. _____

Driven By: _____

Damaged Area(s) _____

Please report all claims immediately to Risk Management at 310.338.1829.

Passengers:

Name: _____

Phone: _____

Name: _____

Phone: _____

Other Vehicle

Make and Year: _____

License Plate No. _____

Insurance Company: _____

Policy Number: _____

Driven By: _____

Address: _____

Phone No. _____

Damaged Area(s) _____

Passengers:

Name: _____

Phone: _____

Name: _____

Phone: _____



What To Do In Case Of An Accident:

1. Stop immediately in a safe place.
2. If there are injuries, have someone call the police.
3. Keep calm, be courteous and do not argue. Make no statements concerning the accident to anyone except the police. **MAKE NO SETTLEMENTS.**
4. Take pictures if you have a camera or cell phone camera.
5. Complete this report on the scene. Get the names of the people in the other vehicle. Exchange insurance information (see Fin. Responsibility Letter in glove compartment).
6. Get the names of any witnesses and their telephone numbers.
7. Before leaving the scene, make sure you have all the facts, and have completed this form.
8. Send the completed copy of this form to **Risk Management, Uhall 4900**

DATE OF ACCIDENT: _____

DESCRIPTION OF THE ACCIDENT: (Give details in your own words)

Diagram of the Accident

-N-

W

E

-S-

Signature

Today's Date