

UCSD VEHICLE/CART INCIDENT REPORT

If you have been involved in an incident or find damage to a UCSD vehicle/cart, remember to stay calm and carefully follow the procedures below.

STOP: Turn off ignition. Turn on your four-way emergency hazard lights.

PROTECT: Guard the scene from further damage. If your vehicle is blocking traffic and it is safe to do so, move it off the roadway out of the flow of traffic.

CALL: Dial 911 or Campus Police at 858.534.4357 (HELP). *Please note if you are using a cell phone to call 911, dispatch connects caller to CHP which may delay response time.*

AVOID: Do not discuss the incident with anyone except law enforcement or designated, authorized University personnel. Do not admit or accuse fault.

OBTAIN: Get all the necessary information for an accurate report. Collect required information below. Take photographs of vehicles and the scene if possible. Get all necessary information from the reporting Police Agency.

REPORT: Follow internal procedures and notify your Supervisor of the incident. Contact Fleet Services to have the vehicle checked for safety and/or a repair estimate.

PROVIDE: If another party contacts you as a result of the incident, refer them to Campus Risk Management at 858.534.2454.

LAW ENFORCEMENT

Responding Law Enforcement Agency _____ Officer's Badge # _____ Police Case Report # _____

DATE / TIME / LOCATION

Date of Incident: ____/____/____ Time: ____:____ AM / PM Location of Incident: _____

UCSD VEHICLE

UCSD Driver/Reporting Party Name: _____ Birthdate: ____/____/____

Driver's License # _____ State _____ Expiration Date: ____/____/____

Injured? _____ If injured, what kind of injuries? _____

Department _____ Mail Code _____ Your Phone # (____) _____ - _____

Supervisor's Name _____ Supervisor's Phone # (____) _____ - _____

Vehicle UCID # _____ License Plate # _____ Year _____ Make _____ Model _____ Color _____

Damage to UCSD Vehicle _____

OTHER VEHICLE - If another UCSD Vehicle, list UCID # _____

Other Driver's Name _____ Driver's License # _____ State _____

Address _____ City _____ State _____ Zip _____

Birthdate: ____/____/____ Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Injured? _____ If injured, what kind of injuries? _____

Insurance Co. _____ Policy # _____ Insurance Phone # (____) _____ - _____

Vehicle Plate # _____ State _____ Year _____ Make _____ Model _____ Color _____

Registered Owner _____ Phone # (____) _____ - _____

Owner's Address _____ City _____ State _____ Zip _____

Damage to Other Vehicle _____

PASSENGERS/WITNESSES (Transfer information from completed Witness Card)

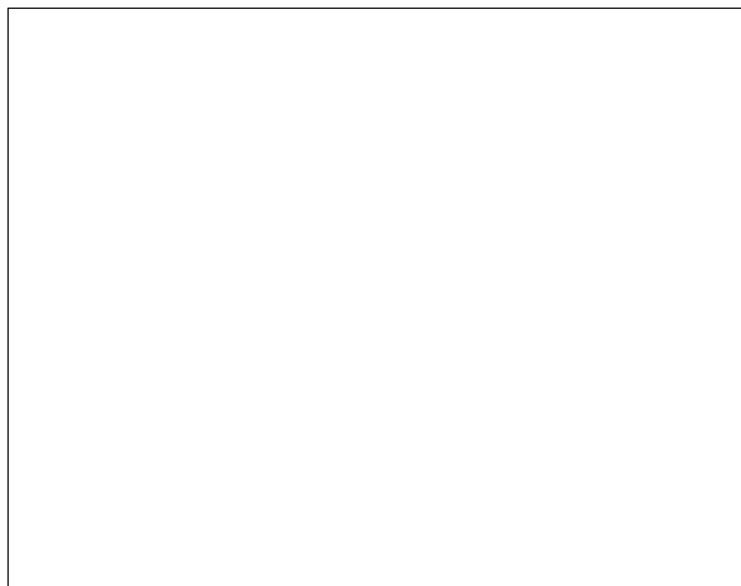
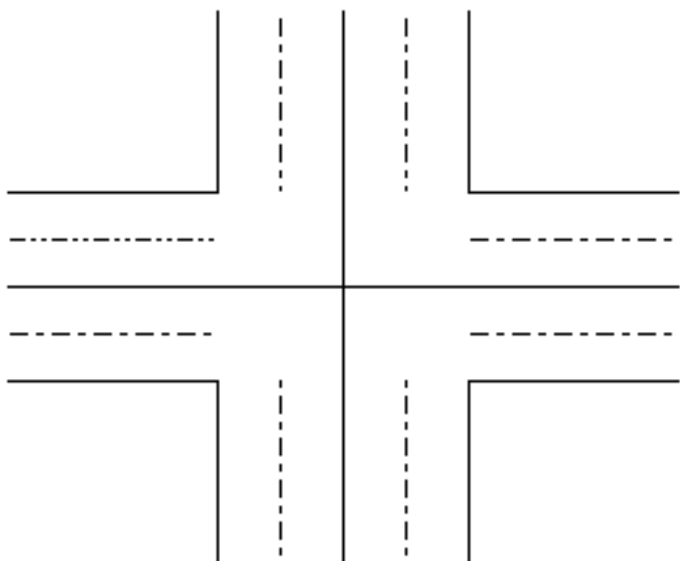
Name	Address	City	State	Phone	Injured? Y or N
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**COMPLETE & FAX WITHIN 24 HOURS, EVEN IF NO INJURIES OR DAMAGE TO:
FLEET SERVICES 858.534.2051 AND RISK MANAGEMENT 858.534.5202**



Road Conditions: _____

Weather Conditions: _____

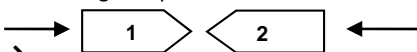


INSTRUCTIONS

Sketch the location(s) and direction(s) of all involved vehicles in the diagram above. If the diagram does not apply please use blank box to draw your own diagram of how the loss occurred.

Show street names, directions, and locations of objects Involved. Designate point of contact with an **X**

Number each vehicle and show direction of travel by arrow.



Use solid line to show path of each vehicle before incident →

Use dotted line to show path of vehicle after incident ---->

Show motorcycle or bicycle by: ○-○

Show pedestrian by: ○

Show railroad by: ++++++

Please describe what happened in the accident:

Report completed by: _____

Signature: _____

Date ____/____/____