

# ACCIDENT REPORT

UCSF PARKING AND TRANSPORTATION SERVICES VEHICLES

- 1) AID THE INJURED.
- 2) CALL THE TRANSPORTATION OFFICE (476-1511) OR CAMPUS POLICE (476-1414) OR CAMPUS EMERGENCIES (476-6911) IMMEDIATELY BY PHONE.
- 3) OBTAIN & RECORD FACTS ABOUT OTHER VEHICLE(S) and DRIVER(S).
- 4) OBTAIN FACTS ABOUT INJURED PERSON(S).
- 5) RECORD FACTS ABOUT YOUR VEHICLE.
- 6) GET WITNESSES (USE WITNESS CARDS).
- 7) DESCRIBE THE ACCIDENT AND COMPLETE DIAGRAM.
- 8) DON'T COMMENT—MAKE NO STATEMENT CONCERNING ASSUMPTION OF LIABILITY.

Mar-01

OBTAIN AS MUCH INFORMATION ABOUT THE ACCIDENT AS YOU CAN AT THE SCENE.  
EACH VEHICLE CONTAINS A PACKET CONTAINING AN ACCIDENT REPORT, INSURANCE & REGISTRATION INFORMATION AND WITNESS CARDS.

SUBMIT THIS FORM TO THE TRANSPORTATION SERVICES OFFICE FOR COMPLETION OF INSURANCE CLAIM AS SOON AS POSSIBLE. A CAMPUS INCIDENT REPORT AND A CAMPUS POLICE REPORT MAY HAVE TO BE COMPLETED IN PERSON.

- 1) DATE/TIME OF COLLISION:
- 2) LOCATION:
- 3) Weather/Road Conditions:
- 4) Number of Vehicles Involved:  1  2  3  4  OTHER
- 5) Police Summoned to scene of accident?  YES  NO  
(A UCSF Police Report may have to be made in person.)

OFFICER'S NAME

CITY/PRECINCT

CASE NO.

(IF COMPLETED AT THE SCENE, THIS PORTION MAY BE TORN OFF AND GIVEN TO OTHER DRIVER)

## 6) UCSF TRANSPORTATION VEHICLE/DRIVER INFORMATION:

Name

Address

Telephone  Driver License No.

UCSF Veh. No.  Vehicle Use:

Lic. Plate  Make/Model/Yr.

VEHICLE OWNED BY UNIVERSITY OF CALIFORNIA, TRANSPORTATION SERVICES, 1625 Owens St., Ste 104, SAN FRANCISCO, CA. 94143-0299 (415) 476-1511

UCSF VEHICLES ARE "SELF-INSURED" BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, C/O UCSF Business, Administrative, and Risk Mgmt. Services (BARMS), 3333 California Street, SAN FRANCISCO, CA. 94143-1338, (415) 476-3661

**7) OTHER VEHICLE/DRIVER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Driver License No. \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Yr: \_\_\_\_\_ Lic. Plate No.: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Other: \_\_\_\_\_

Damage to other Vehicle: \_\_\_\_\_

\_\_\_\_\_

Passengers of other Vehicle: \_\_\_\_\_

\_\_\_\_\_

**8) DESCRIPTION OF ACCIDENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLETE A DIAGRAM: (Use other side if necessary)

9) **DAMAGE TO YOUR VEHICLE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) **PERSONS INJURED (?):**     YES     NO

_____	_____
(Name)	(Extent of injuries)
_____	_____
(Name)	(Extent of injuries)
_____	_____
(Name)	(Extent of injuries)
_____	_____
_____	_____

11) **OCCUPANTS (O) OF YOUR VEHICLE OR WITNESSES (W) PRESENT:  
HAND OUT AND COLLECT WITNESS CARD(S).**

_____	O W	_____
(Name)		(Address/phone)
_____	O W	_____
(Name)		(Address/phone)
_____	O W	_____
(Name)		(Address/Phone)
_____	O W	_____
(Name)		(Address/phone)

12) **SIGNATURE:** \_\_\_\_\_  
  
\_\_\_\_\_

(Date)