



INSTITUTION NAME: _____

Insurance | Risk Management | Consulting

POLICY NUMBER: _____

AUTOMOBILE ACCIDENT PROCEDURE

If an accident involving an owned or rented vehicle has just occurred, take any emergency actions that are necessary and follow these steps:

1. Call 911 immediately so an official accident report will be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.
2. Obtain the following information to complete the Automobile Accident Report.

DEPARTMENT INFORMATION

DEPARTMENT NAME: _____ DEPARTMENT CODE (if applicable): _____

CONTACT PERSON (at location): _____ PHONE: () _____ EMAIL: _____

ACCIDENT INFORMATION

DATE/TIME OF INCIDENT: _____ POLICE CONTACTED? YES NO REPORT #: _____

LOCATION OF ACCIDENT: _____ CITY & STATE: _____

DESCRIPTION OF ACCIDENT: _____

INSURED VEHICLE INFORMATION

DRIVER'S NAME: _____ DRIVER'S LICENSE #: _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: () _____ WORK PHONE: () _____

NAME OF DRIVER'S IMMEDIATE SUPERVISOR: _____ PHONE #: () _____

VEHICLE YEAR / MAKE / MODEL: _____ PLATE #: _____ VIN: _____

DESCRIBE DAMAGE: _____

OTHER VEHICLE INFORMATION #1

OTHER DRIVER'S NAME: _____ HOME PHONE: () _____ WORK PHONE: () _____

ADDRESS: _____ CITY & STATE: _____

VEHICLE YEAR / MAKE / MODEL: _____ PLATE #: _____ VIN: _____

OTHER VEHICLE INSURANCE COMPANY: _____ POLICY #: _____

DESCRIBE DAMAGE: _____

PASSENGER NAMES: _____

WAS ANYONE CLAIMING INJURY / WHO: _____ DESCRIBE INJURY COMPLAINTS: _____

OTHER VEHICLE INFORMATION #2

OTHER DRIVER'S NAME: _____ HOME PHONE: () _____ WORK PHONE: () _____

ADDRESS: _____ CITY & STATE: _____

VEHICLE YEAR / MAKE / MODEL: _____ PLATE #: _____ VIN: _____

OTHER VEHICLE INSURANCE COMPANY: _____ POLICY #: _____

DESCRIBE DAMAGE: _____

PASSENGER NAMES: _____

WAS ANYONE CLAIMING INJURY / WHO: _____ DESCRIBE INJURY COMPLAINTS: _____

PLEASE SEND COMPLETED LOSS NOTICE TO:
EMAIL: complianceandinsurance@shsu.edu