UCR AUTO INCIDENT – TELEPHONIC REPORTING

Effective January 1, 2010

DRIVER REPORTING REQUIREMENTS:

Each vehicle has a Driver Incident Report Form # RM 10/2008 to collect and document at the scene all necessary information and details of the incident. Drivers are required to report ALL auto incidents within 24 hours direct to UCR’s Claims Administrator, Sedgwick by calling 1-800-416-4029 and Press 1”. Operators are available 24/7.

DRIVER CALL-IN INSTRUCTIONS:

Identify yourself to the operator as an employee or student of UCR. Be prepared to answer the following questions for the operator: UCR Account Number: 20950008  
Unit: 134 Other Support Services   Sub Unit #1: D01119 Fleet services

PERSONAL INFORMATION:

Driver’s Name
Drivers License #
Home Phone
Work Phone
Department
Job Title

INCIDENT INFORMATION:

Date of Incident
Time of Incident
Location of Incident
No. of vehicles involved
Number of Injured parties
Police authority name
Police report #
Describe in detail the incident

UC VEHICLE INFORMATION:

UCR Vehicle #
Vehicle License #
Year/Make/Model
Damage description
Location of UC vehicle

OTHER VEHICLE INFORMATION:

Year/Make/Model
Driver name, address, phone
Driver License #
Vehicle License #
Insurance company and policy number
Vehicle Damage description
Passenger injuries

WITNESS INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]

ADDITIONAL INFORMATION:

Any pertinent information please provide

UC PASSENGER INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]
Describe injuries
University of California, Riverside

DRIVER’S VEHICLE INCIDENT REPORT

Use this form to collect and document information and details of the vehicle incident or accident. Drivers MUST report ALL incidents or accidents regardless of the extent of damage to the vehicle within 24-hours directly to UCR’s Claims Administrator, Sedgwick, by calling 1-800-416-4029 and then pressing 1. Sedgwick’s operators are available 24/7.

SECTION I: INCIDENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>Date Reported</th>
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Incident Address or Location ______________________________________________________________

Number of Vehicles Involved _____ Number of Passengers in ALL Vehicles Involved _______

Number of INJURED PERSONS (in ALL Vehicles or Pedestrians) Involved _____ Number of Witnesses _____

Describe, in detail, the cause and results of the Incident __________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Police Authority Notified □ Yes □ No, if Yes, Police Department Name/Report #
_________________________________________________________________________________________

SECTION II: UNIVERSITY VEHICLE & DRIVER INFORMATION

UC Vehicle Number _______ UC License Plate Number _____________________________________________

Driver’s Name ___________________________ □ Faculty □ Staff □ Student □ Other (Note) _______

Home Address (Street, City, Zip Code) _______________________________________________________
_______________________________________________________________________________________

Your Driver’s License # _______________ Work Phone _______________ Home Phone _______________

Describe Damage to University Vehicle _______________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_____________________________________________________________________________________
### SECTION III: OTHER PARTY VEHICLE/PROPERTY DAMAGE INFORMATION

Year _______ Make ____________ Model _________________ License Plate Number _____________________

Driver’s Name ________________________________________________________________________________

Address (Street, City, and Zip Code) ________________________________________________________________________________________________________________________

Driver’s License # __________________ Work Phone __________________ Home Phone __________________

Registered Owner of Vehicle (if different from Driver) _________________________________________________

Insurance Co ___________________________ Policy Number __________________________

Describe Damage ____________________________________________________________________________

___________________________________________________________________________________________

### SECTION IV: INJURED PARTY INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Address (Street, City, Zip Code)</th>
<th>Phone Number</th>
<th>Indicate faculty, staff, student or other</th>
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Record Injuries:

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Record Injuries:

(Use other side of sheet if more space is needed.)

### SECTION V: WITNESS INFORMATION

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**Attach PHOTOS (if possible), Additional information, etc.**

Keep this completed form for your records, and advise your Supervisor/Department of the incident.

Form RM 10/2008