

Driver's Vehicle Incident Report

Use this form to collect and document information and details of a vehicle incident or accident. Drivers MUST report ALL incidents or accidents, regardless of the extent of damage, within 24 hours to UCSF Risk Management and Insurance Services (RMIS).

SECTION I: INCIDENT INFORMATION

Date Incident Occurred: _____ Time: _____ Date Reported to UCSF:

Describe the Incident in Detail:

Location of Incident: _____

Police Authority Notified: Yes No

If Yes, Police Dept. Name/Report#: _____

SECTION II: DRIVER INFORMATION

UC Driver's Name: _____ Faculty Staff Student Other: _____

Driver's License #: _____ Home Phone: _____ Work Phone: _____

Department: _____ Job Title: _____

Any Injuries? Describe in Detail:

Other (non-UCSF) Driver Name: _____

Address: _____

Phone: _____ Driver's License #: _____

Any Injuries? Describe in Detail:

Witness Information

Name	Address (Street, City, Zip Code)	Phone Number	UC Affiliated (Employee or Student)
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SECTION III: VEHICLE INFORMATION

UC Vehicle Type (Van, Shuttle, Passenger Car, Rental Car, etc.): _____

Year: _____ Make: _____ Model: _____ License Plate #: _____

UCSF Vehicle ID #: _____ Describe Damage: _____

Fund: _____ DPA: _____

Other (non-UCSF) Vehicle Information:

Year: _____ Make: _____ Model: _____ License Plate #: _____

Registered Owner of Vehicle (if different from Driver): _____

Describe Damage:

Insurance Co: _____ Policy Number: _____

Any additional information you would like to provide:

Attach PHOTOS (if available), additional information, etc. to this report.

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