

Attention Mac users:
If you have opened this form in something other than Adobe Acrobat or Adobe Reader, the form will not work. Please close the viewer and re-open the form in either Acrobat or Reader. Thank you!

University of California, San Francisco
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 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 (Describe): _____

Your 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? If Yes, Employee or Student?
1				
2				

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

SECTION III: VEHICLE INFORMATION

UC Vehicle Information:

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

Year: _____ Make: _____ Model: _____ License Plate Number: _____

UCSF Vehicle ID #: _____ Describe Damage: _____

Fund: _____ DPA: _____

Other (non-UCSF) Vehicle Information:

Year: _____ Make: _____ Model: _____ License Plate Number: _____

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.