

WHAT TO DO

If this Vehicle is Involved in an Accident

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

- 1) Call the police department with jurisdiction or 911 immediately so an official accident report can be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.
- 2) Provide the police officer with the auto insurance ID card (*in packet*) and **get the police report number.**
- 3) Take photos.
- 4) Fill out the Vehicle Accident / Incident Report information form (*in packet*).
- 5) Employee's supervisor must complete the Supervisor Statement on the Accident / Incident form.
- 6) **Within 12 hours:**
 - Report the claim to Gary Rash, Executive Director of Campus Safety, (409) 749-9144.
 - Email the completed Vehicle Accident/Incident Report form and any photos taken to wrash@lsco.edu.
- 7) **The Executive Director of Campus Safety will:**
 - Report the claim to Gallagher Bassett and provide them with our **Policy #: PK1037923.**
 - Submit completed accident form, photographs, damage estimate, and police report to Gallagher Bassett.

Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to the Insurance Adjuster assigned the claim.

Do not make any statements about the accident to anyone without first notifying the Insurance Adjuster and receive permission to do so.

Vehicle Accident / Incident Report

DRIVER INFORMATION

Name: _____ Driver's License Number: _____
Address: _____ City: _____ ST: _____ Zip: _____
Phone: _____ Date of Birth: _____ Sex: M F
 Student Staff Faculty
Supervisor's Name: _____
Department: _____ Department Phone: _____

COLLEGE VEHICLE INFORMATION

Vehicle Number: _____ VIN #: _____ License Plate: _____
Year: _____ Make / Model: _____ Color: _____
Description of Damage to Vehicle: _____

ACCIDENT INFORMATION

Date of Accident: _____ Time: _____ a.m. p.m. Place: On Campus Off Campus
Exact Location of Accident: _____
Police Notified? Yes No Police Department: _____
Officer's Name: _____ Officer's Badge No: _____
Officer's Phone No: _____ Police Report #: _____
Were citations issued? Yes No If so, to whom? _____

OTHER DRIVER'S INFORMATION

Name: _____ Address: _____
Phone #: _____ Driver's License No. _____ ST: _____
Email: _____ Date of Birth: _____ Sex: M F

Vehicle Year: _____ Make/Model: _____
Color: _____ Plate #: _____ ST: _____ VIN #: _____
Number of People in other vehicle: _____ Circle Appropriate: front passenger/ back right passenger/ back left passenger

Other Driver's Insurance Company Information

Carrier: _____ Policy #: _____
Agent Name: _____ Phone #: _____

WITNESS INFORMATION

1) Name: _____ Phone # (Home): _____
Address: _____ Phone # (Work): _____
Driver's License No. _____ State Issued: _____
2) Name: _____ Phone # (Home): _____
Address: _____ Phone # (Work): _____
Driver's License No. _____ State Issued: _____

BRIEF DESCRIPTION OF ACCIDENT

Tell how the accident occurred and any information you feel contributed to the accident.

Injuries? Yes No If so, who was injured? _____

First Aid Administered? Yes No If so, by whom? _____

Did airbag deploy? Yes No

Property Damage? (guard rail, utility pole, etc) _____

Driver's Signature: _____ Date: _____

SUPERVISOR'S STATEMENT

How and why accident occurred: _____

Supervisor's Signature: _____ Date: _____