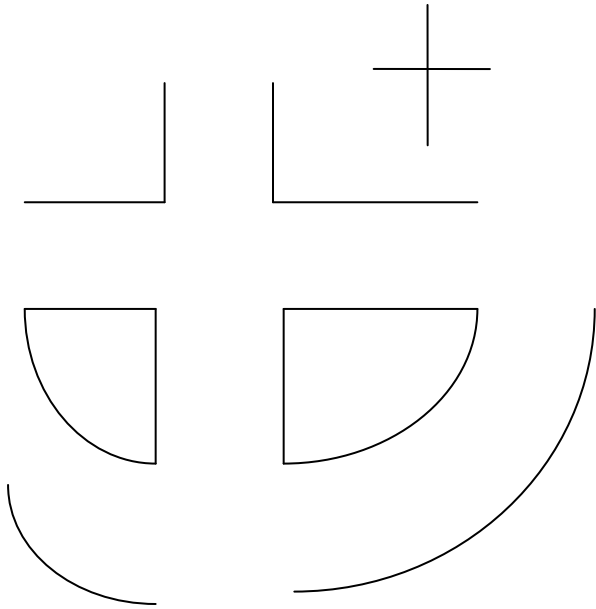


## Accident Scene Diagram

Indicate location of all traffic signals, stop signs, speed limit signs, etc. Indicate location of all vehicles/pedestrians and witnesses. Indicate who had right of way and which vehicle entered intersection first. **Indicate point of compass**



Number each vehicle and show direction of travel by arrow.



Use solid line to show path before accident \_\_\_\_\_

Use dotted line after accident - - - - -

Show pedestrian by



Stop Sign



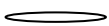
Yield Sign



Stop Light



Motorcycle or Bicycle



## INJURED NAMES

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

## UNIVERSITY PASSENGERS

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## OTHER VEHICLE PASSENGERS

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

# University of California, Merced

## Accident Reporting



Kit

### What to do in case of an accident

**REMAIN CALM:**  
Stop and turn off ignition.

**ASSIST:**  
Aid the injured.

**CALL 911**  
Notify the police; call for ambulance if necessary.

**OBTAIN:**  
Get all contact and insurance information of all involved parties.

**GET WITNESSES:**  
Pass out and collect witness cards.

**REPORT:**  
Describe and diagram accident.

**AVOID:** Do not discuss the accident with anyone other than police or a University representative. Do not accept or deny fault or offer to pay for damages.

# Vehicle Accident Report

## UNIVERSITY DRIVER INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

## UNIVERSITY VEHICLE

UC Vehicle # \_\_\_\_\_

Vehicle License # \_\_\_\_\_

Year, Make, Model \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Describe Damage \_\_\_\_\_

## OTHER VEHICLE/DRIVER

Vehicle License # \_\_\_\_\_

Year, Make, Model \_\_\_\_\_

Driver Name \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Registered Owner \_\_\_\_\_

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Describe Damage \_\_\_\_\_

## ACCIDENT DETAILS

Date and Time \_\_\_\_\_

Accident Location (Address/area) \_\_\_\_\_

Road Conditions \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Traffic Conditions \_\_\_\_\_

Speed Limit \_\_\_\_\_

How Fast Were You Driving? \_\_\_\_\_

Est. Speed of Other Vehicle \_\_\_\_\_

Were Your Lights On? \_\_\_\_\_ Were Other Car's Lights on? \_\_\_\_\_

Were You Using a Cell Phone or Other Electronic Device?

Yes  No

## AUTHORITY CONTACTED

Police Report Made? Yes  No

Name and Address of Investigating Agency (e.g. UC Merced Police, Merced City Police, CHP, etc.) \_\_\_\_\_

Officer Name \_\_\_\_\_

Badge # \_\_\_\_\_

Report # \_\_\_\_\_

Citation Issued?  Yes  No

If yes, against whom? \_\_\_\_\_

## SIGNATURES

University Driver \_\_\_\_\_

Date \_\_\_\_\_

Driver's Supervisor \_\_\_\_\_

Date \_\_\_\_\_

## ACCIDENT DESCRIPTION

State How Accident Occurred (attach additional sheets if necessary) \_\_\_\_\_

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**Submit this completed form to Fleet Services as soon as possible.**