



When an accident occurs:

- Call Police – Accidents on campus (804) 289-8715; Accidents off campus 911.
Call Risk Management at (804) 289-8824.
Note specific damage to both vehicles and/or property involved. Take pictures if possible.
DO NOT make any statements about the accident to anyone other than law enforcement without first notifying Risk Management.
Fully complete both sides of this form.

Return the completed report within 24 hours or as soon as possible to Risk Management, Special Programs Building Rm. 101, or fax to (804) 287-6813. If you have any questions, please call Risk Management.

Other Driver Information

Name Phone
Address
City State ZIP
Driver's License # DL State License Plate # LP State
Vehicle Year Color Make Model
Vehicle Owner Name Phone
Insurance Carrier Policy #

UR Driver Information

Name
Address
City State ZIP Phone
Driver's License # DL State Date of Birth
Job Title Employee ID
UR Department Work Phone
Supervisor Phone
Reason for Vehicle Use

UR Vehicle Information

Year Make Model License Plate #
VIN Department

**Accident Information**

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_  AM  PM

Location of Accident \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Emergency Response:  UR Police  Other \_\_\_\_\_ Report # \_\_\_\_\_

Weather Condition \_\_\_\_\_ Road Condition \_\_\_\_\_

Detailed Description of Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of Accident \_\_\_\_\_

\_\_\_\_\_

Detailed Description of Damage to Other Vehicle \_\_\_\_\_

\_\_\_\_\_

Detailed Description of Damage to UR Vehicle \_\_\_\_\_

\_\_\_\_\_

Detailed Description of Damage to any Property \_\_\_\_\_

\_\_\_\_\_

Were there any injuries?  Yes  No

**Witnesses**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Signatures**

Signature of UR Driver \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**All inquiries about this accident should be referred to Risk Management at (804) 289-8824.**