

UCR AUTO INCIDENT – TELEPHONIC REPORTING

Effective January 1, 2010

DRIVER REPORTING REQUIREMENTS:

Each vehicle has a Driver Incident Report Form # RM 10/2008 to collect and document at the scene all necessary information and details of the incident. Drivers are required to report **ALL** auto incidents within 24 hours direct to UCR's Claims Administrator, Sedgwick by calling **1-800-416-4029 and Press 1**" Operators are available 24/7.

DRIVER CALL-IN INSTRUCTIONS:

Identify yourself to the operator as an employee or student of UCR. Be prepared to answer the following questions for the operator: **UCR Account Number: 20950008**
Unit: 134 Other Support Services Sub Unit #1: D01119 Fleet services

PERSONAL INFORMATION:

Driver's Name
Drivers License #
Home Phone
Work Phone
Department
Job Title

OTHER VEHICLE INFORMATION

Year/Make/Model
Driver name, address, phone
Driver License #
Vehicle License #
Insurance company and policy number
Vehicle Damage description
Passenger injuries

INCIDENT INFORMATION:

Date of Incident
Time of Incident
Location of Incident
No. of vehicles involved
Number of Injured parties
Police authority name
Police report #
Describe in detail the incident

WITNESS INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]

ADDITIONAL INFORMATION:

Any pertinent information please provide

UC VEHICLE INFORMATION:

UCR Vehicle #
Vehicle License #
Year/Make/Model
Damage description
Location of UC vehicle

UC PASSENGER INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]
Describe injuries

University of California, Riverside
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 directly to UCR's Claims Administrator, Sedgwick, by calling 1-800-416-4029 and then pressing 1. Sedgwick's operators are available 24/7.

SECTION I: INCIDENT INFORMATION

Date of Incident _____ Time of Incident _____ Date Reported _____

Incident Address or Location _____

Number of Vehicles Involved _____ Number of Passengers in ALL Vehicles Involved _____

Number of INJURED PERSONS (in ALL Vehicles or Pedestrians) Involved _____ Number of Witnesses _____

Describe, in detail, the cause and results of the Incident _____

Police Authority Notified Yes No, if Yes, Police Department Name/Report # _____

SECTION II: UNIVERSITY VEHICLE & DRIVER INFORMATION

UC Vehicle Number _____ UC License Plate Number _____

Driver's Name _____ Faculty Staff Student Other (Note) _____

Home Address (Street, City, Zip Code) _____

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

Describe Damage to University Vehicle _____

SECTION III: OTHER PARTY VEHICLE/PROPERTY DAMAGE INFORMATION

Year _____ Make _____ Model _____ License Plate Number _____

Driver's Name _____

Address (Street, City, and Zip Code) _____

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

Registered Owner of Vehicle (if different from Driver) _____

Insurance Co _____ Policy Number _____

Describe Damage _____

SECTION IV: INJURED PARTY INFORMATION

	Name	Address (Street, City, Zip Code)	Phone Number	Indicate faculty, staff, student or other
1				
	Record Injuries:			
2				
	Record Injuries:			
(Use other side of sheet if more space is needed.)				

SECTION V: WITNESS INFORMATION

	Name	Address (Street, City, Zip Code)	Phone Number
1			
2			
(Use other side of sheet if more space is needed.)			

Attach PHOTOS (if possible), Additional information, etc.

[Keep this completed form for your records, and advise your Supervisor/Department of the incident.](#)