

UCR AUTO INCIDENT – TELEPHONIC REPORTING

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:			
	Name	Address (Street, City, Zip Code)	Phone Number	Indicate faculty, staff, student or other
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.