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: 2095008
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

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

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

OTHER VEHICLE INFORMATION

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

WITNESS INFORMATION:

Name
Address
Phone
UC affiliated [employee or student]

ADDITIONAL INFORMATION:
Any pertinent information please provide
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

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Address (Street, City, Zip Code)</th>
<th>Phone Number</th>
<th>Indicate faculty, staff, student or other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Record Injuries:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Record Injuries:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Use other side of sheet if more space is needed.)

SECTION V: WITNESS INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Address (Street, City, Zip Code)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.

Form RM 10/2008