



INSTITUTION NAME: \_\_\_\_\_

Insurance | Risk Management | Consulting

POLICY NUMBER: \_\_\_\_\_

### AUTOMOBILE ACCIDENT PROCEDURE

If an accident involving an owned or rented vehicle has just occurred, take any emergency actions that are necessary and follow these steps:

1. Call 911 immediately so an official accident report will be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.
2. Obtain the following information to complete the Automobile Accident Report.

#### DEPARTMENT INFORMATION

DEPARTMENT NAME: \_\_\_\_\_ DEPARTMENT CODE (if applicable): \_\_\_\_\_

CONTACT PERSON (at location): \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### ACCIDENT INFORMATION

DATE/TIME OF INCIDENT: \_\_\_\_\_ POLICE CONTACTED?  YES  NO REPORT #: \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

DESCRIPTION OF ACCIDENT: \_\_\_\_\_

#### INSURED VEHICLE INFORMATION

DRIVER'S NAME: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

NAME OF DRIVER'S IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

VEHICLE YEAR / MAKE / MODEL: \_\_\_\_\_ PLATE #: \_\_\_\_\_ VIN: \_\_\_\_\_

DESCRIBE DAMAGE: \_\_\_\_\_

#### OTHER VEHICLE INFORMATION #1

OTHER DRIVER'S NAME: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

VEHICLE YEAR / MAKE / MODEL: \_\_\_\_\_ PLATE #: \_\_\_\_\_ VIN: \_\_\_\_\_

OTHER VEHICLE INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

DESCRIBE DAMAGE: \_\_\_\_\_

PASSENGER NAMES: \_\_\_\_\_

WAS ANYONE CLAIMING INJURY / WHO: \_\_\_\_\_ DESCRIBE INJURY COMPLAINTS: \_\_\_\_\_

#### OTHER VEHICLE INFORMATION #2

OTHER DRIVER'S NAME: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

VEHICLE YEAR / MAKE / MODEL: \_\_\_\_\_ PLATE #: \_\_\_\_\_ VIN: \_\_\_\_\_

OTHER VEHICLE INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

DESCRIBE DAMAGE: \_\_\_\_\_

PASSENGER NAMES: \_\_\_\_\_

WAS ANYONE CLAIMING INJURY / WHO: \_\_\_\_\_ DESCRIBE INJURY COMPLAINTS: \_\_\_\_\_

#### PLEASE SEND COMPLETED LOSS NOTICE TO:

DANIEL HARPER / TSUS – PHONE: 512-463-6449 AND Gary Rash/Lamar - FAX: 409-880-7977

EMAIL: [daniel.harper@tsus.edu](mailto:daniel.harper@tsus.edu); [SEclaims@ajg.com](mailto:SEclaims@ajg.com); AND [cheryl\\_kelley@ajg.com](mailto:cheryl_kelley@ajg.com); AND [riskmanagement\\_ehs@lamar.edu](mailto:riskmanagement_ehs@lamar.edu)