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

1) Call the Lamar University Police Department (409) 880-8311 and/or 911 immediately so an official accident report can be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.

2) Provide the police officer with the auto insurance ID card (in packet) and get the police report number.

3) Take photos.

4) Fill out the Vehicle Accident / Incident Report Information Form (in packet).

5) **Within 12 hours:**
   - Report the claim to Lamar University’s Insurance Contact in the EHS & Risk Management Department at riskmanagement_ehs@lamar.edu, 409-880-8008.
   - Email the completed Vehicle Accident/Incident Report form and any photos taken to riskmanagement_ehs@lamar.edu.

6) **Your Lamar University Insurance Contact will:**
   - Report the claim to the Current Insurance Carrier and provide them with our Agency #: 734 and Policy #: AS2-Z91-464540-017.
   - Email completed form, photos and claim # to Current Insurance Carrier.

Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to the Insurance Adjuster assigned the claim.

Do not make any statements about the accident to anyone without first notifying the Insurance Adjuster and receive permission to do so.
Vehicle Accident / Incident Report

DRIVER INFORMATION
Name:_____________________________________________ Driver’s License Number:_________________________
Address:___________________________________________ City:____________________ ST:____ Zip:__________
Phone:_____________________________________________ Date of Birth:_________________ Sex: □ M □ F
□ Student □ Staff □ Faculty Supervisor’s Name:________________________________________
Department:________________________________________ Department Phone:_____________________________

UNIVERSITY VEHICLE INFORMATION
LU Vehicle Number:__________ VIN #: ______________________________________ License Plate:________
Year:_______ Make / Model:_____________________________________________ Color:____________________
Description of Damage to Vehicle:______________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

ACCIDENT INFORMATION
Date of Accident:_______________________ Time:_________ □ a.m. □ p.m. Place: □ On Campus □ Off Campus
Exact Location of Accident:________________________________________________________________________________
Police Notified? □ Yes □ No Police Department: □ Lamar □ Other________________________________________________
Officer’s Name:_________________________________ Officer’s Badge No:________________________
Officer’s Phone No:______________________________ Police Report #:________________________________
Were citations issued? □ Yes □ No If so, to whom?_____________________________________________________

OTHER DRIVER’S INFORMATION
Name:_____________________________________________ Address:______________________________________
Phone #:___________________________________________ Driver’s License No._________________ ST:________
Email:_____________________________________________ Date of Birth:_________________ Sex: □ M □ F

Vehicle Year:_____ Make/Model:______________________________________________________________________
Color:____________ Plate #:___________ ST:_______ VIN #:______________________________________________
Number of People in other vehicle:_____ Circle Appropriate: front passenger/ back right passenger/ back left passenger

Other Driver’s Insurance Company Information
Carrier:___________________________________________ Policy #:________________________________________
Agent Name:_____________________________________ Phone #:________________________________________
WITNESS INFORMATION

1) Name:__________________________________________________ Phone # (Home):_________________________
Address:__________________________________________________ Phone # (Work):__________________________
Driver’s License No._________________________________________ State Issued:____________________________

2) Name:__________________________________________________ Phone # (Home):_________________________
Address:__________________________________________________ Phone # (Work):__________________________
Driver’s License No._________________________________________ State Issued:____________________________

BRIEF DESCRIPTION OF ACCIDENT
Tell how the accident occurred and any information you feel contributed to the accident.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Injuries? □ Yes □ No If so, who was injured?____________________________________________________________
First Aid Administered? □ Yes □ No If so, by whom?_______________________________________________________
Did airbag deploy? □ Yes □ No

Property Damage? (guard rail, utility pole, etc) ____________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Driver’s Signature:________________________________________ Date:__________________________________________

SUPERVISOR’S STATEMENT
How and why accident occurred:__________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Supervisor’s Signature:________________________________________ Date:__________________________________________