



# WHAT TO DO

## If this Vehicle is Involved in an Accident

**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) 880-7777 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** Gary Rash, Director of EHS & Risk Management, 409-880-7115.
  - Email the completed Vehicle Accident/Incident Report form and any photos taken to [gary.rash@lamar.edu](mailto:gary.rash@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 #: PK1037921.**
  - 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: \_\_\_\_\_