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, 409-880-8249.
   - 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 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:____________________________