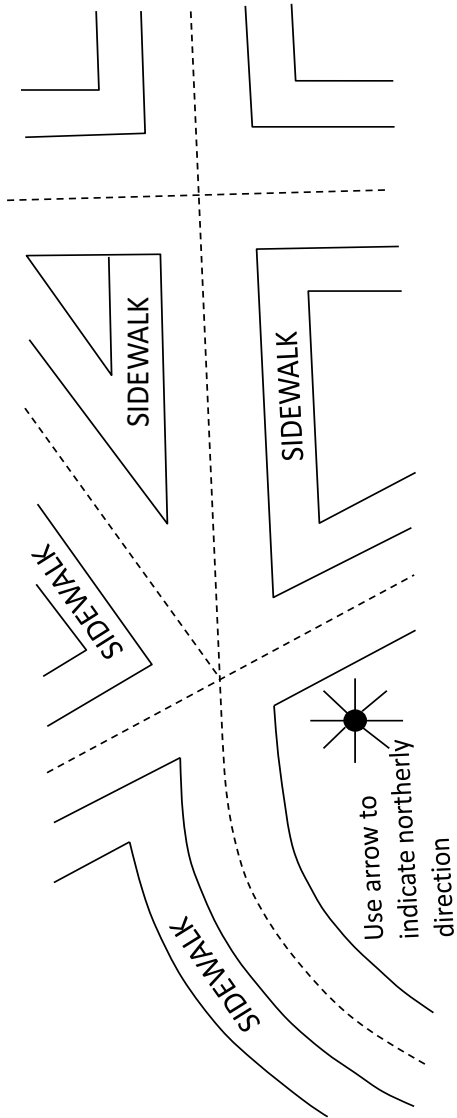


ACCIDENT SCENE DIAGRAM



Indicate location of all traffic signals, stop signs, speed limit signs, etc.

Indicate location of all vehicles/pedestrians and witnesses.

- ✓ If serious accident, contact Ohio University immediately.
- ✓ OHIO Risk Management & Insurance
740-597-1992 insurance@ohio.edu

University Name: **Ohio University**

Reported by (name of person completing this report):

Is vehicle drivable? _____

Additional Information: _____

Accident Reporting Kit

Inter University Council Insurance Consortium

What to do in case of an accident?

STOP

Turn off ignition.

PROTECT

Guard the scene from further damage.

ASSIST

Render only what first aid you are qualified to give. Don't move injured unless absolutely necessary. For serious injury, call an ambulance.

CALL

Notify local police department. In many states it is unlawful to leave the accident without permission. Cooperate with the authorities. If the police do not arrive at the scene proceed to the local police department and file a desk report.

OBTAIN

Get all the necessary information for an accurate report (include witness information where applicable).

REPORT

Follow internal procedures. Report all accidents to your department manager for the University.

AVOID

Do not discuss the facts of the accident with anyone other than a law enforcement agency or a representative of your company.

THIS ACCIDENT REPORTING KIT SHOULD BE CARRIED IN THE GLOVE COMPARTMENT OF YOUR VEHICLE AT ALL TIMES.

POLICYHOLDER INFORMATION

See enclosed Auto ID card.

ACCIDENT/LOSS

Date and time of accident:

___/___/___ ___ AM/PM

Location of Accident:

Street

City, State, Zip

Description of Accident:

CONDITIONS

Weather:

Clear Cloudy Fog Rain
 Sleet Snow Other: _____

Speed Limit: _____

AUTHORITY CONTACTED

Name: _____
 Badge #: _____
 Report #: _____
 Citation Issued? Yes No
 If so, against whom: _____

UNIVERSITY VEHICLE

VIN: _____ Year: _____
 Make: _____ Model: _____
 Plate #: _____ State: _____
 Driver's Name: _____
 Driver's License #: _____
 Address: _____

 Phone: (____) _____
 Description of Damage: _____

 Description of Injuries: _____

OTHER VEHICLE INFORMATION

Description of Property: _____

 If Auto — Year, Make, Model, Plate #: _____

 Driver's Name: _____
 Driver's License #: _____
 Address: _____

 Phone: (____) _____
 Owner's Name & Address, if Different Than Driver:

 Description of Damage: _____

 Description of Injuries: _____

INJURED

Name	Address	Phone	Pedes.	Insured Vehicle	Other Vehicle	Extent of Injuries

Was anyone taken from the scene by ambulance? Yes No

WITNESSES, INCLUDING PASSENGERS

Name	Address	Phone	Insured Vehicle	Other Vehicle	Other (Specify)