

Report of Vehicle Incident/Collision

Use this form for reporting all vehicle-related claims. Submit completed forms to RiskServices@ucop.edu. If you have questions, please call 510-987-9832 or email RiskServices@ucop.edu.

Please complete both pages of form.

Information about incident/collision

Date of Incident: _____ Time of Incident: _____
Location of Incident: _____
UC Vehicle License #: _____ UC Vehicle #: _____
Department using vehicle: _____
Department address: _____
Was vehicle being used for University business? Yes No
If yes, nature of business: _____
Destination at time of incident/collision: _____
How could the incident/collision have been prevented? _____

Information about other vehicle involved in incident/collision (if applicable)

Year/Make/Model of Vehicle: _____ Vehicle License #: _____
Name of Other Vehicle's Driver: _____ Driver's License #: _____
Other Driver's Address: _____ Other Driver's Phone #: _____
Registered Owner of Other Vehicle: _____
Registered Owner's Address: _____ Registered Owner's Phone #: _____
Other Driver's Insurance Company: _____ Policy #: _____

Please provide contact information for witnesses, if available. If there are more than two witnesses, please include additional witness contact information in email to RiskServices@ucop.edu.

Witness 1's name: _____ Witness 1's phone #: _____
Witness 1's address: _____ Witness 1's email: _____
Witness 2's name: _____ Witness 2's phone #: _____
Witness 2's address: _____ Witness 2's email: _____

UC Driver Information

Name of UC Driver: _____ Driver's License #: _____
Birthdate: _____ Driver's Phone #: _____
Address: _____
Department: _____ Job Title: _____
Name of Supervisor: _____ Supervisor's Phone #: _____

Describe the incident/collision:

Describe the damage to the UC vehicle:

Describe the damage to the other vehicle:

Accident reported to (check all that apply)

Campus Police City Police Highway Patrol Police Report #(s): _____

Weather conditions at time of incident/collision (check all that apply)

Clear Cloudy Raining Snowing Fog Other (describe): _____

Roadway conditions at time of incident/collision (check all that apply)

Holes/ruts Loose material on roadway Obstruction on roadway Reduced roadway width
Flooded No unusual conditions Other (describe): _____

Please attach a diagram of the incident/collision when you submit this form. Indicate UC vehicle as "A", other vehicles as "B", "C", etc. Indicate the position of all vehicles and any fixed objects involved in the incident/collision. Please be sure to indicate North.

If available, please attach photos of the incident/collision results, showing damage to vehicles.

Form submitted by

Submitter's name: _____ Submitter's phone: _____
UC employee #: _____ Submitter's email: _____ Date submitted: _____