

Automobile Accident Report

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

1. Call 911 immediately if the accident occurs outside of the jurisdiction of UHDPD, so an official accident report will be prepared. If the accident occurs within the jurisdiction of UHDPD, call 713-221-8065. Inform 911 or UHDPD of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.
2. Obtain the following information to complete the Automobile Accident Report.

Other Driver/Vehicle Information:

Name: _____ Day Time Phone #: () _____ Home Phone #: () _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Email: _____ Drivers DL #: _____ DL State: _____ DOB: _____

Year: _____ Color: _____ Make: _____ Model: _____ Lic Plate#: _____

Vehicle Owner's Name: _____ Policy Holder's Name: _____

Auto Insurance Carrier: _____

Policy #: _____ Auto Insurance Carrier Phone #: () _____

Number of people in the other vehicle: _____ (Circle appropriate): Driver / Front Passenger / Back right Passenger / Back left Passenger / Other (explain) _____

(use back of form for additional information)

Notice specific details of the damages to all vehicles/property involved. These details will need to be provided on the *Automobile Accident Report*. If you have a digital camera or a camera phone, take pictures of the vehicles involved and the accident scene.

3. Provide the state agency automobile insurance ID card to the police. The automobile insurance ID and this blank reporting form should be in the glove compartment of the vehicle. (After use of this form, please replace it with another blank form.)
4. Complete the enclosed *Automobile Accident Report* immediately and return the original to the state agency insurance contact (listed below) ***within 24 hours of the accident.***
5. Contact your insurance contact at your state agency to report the claim and provide this completed *Automobile Accident Report*.

Risk Management
 One Main Street, Suite 910S, Houston, TX 77002
 713-221-8636
recordss@uhd.edu

6. Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to Risk Management. Do not make any statements about the accident to anyone without first notifying Risk Management to receive permission to do so. If you are injured as a result of this accident you will need to file a Workers' Compensation claim. Please contact Risk Management for guidance.

AUTOMOBILE ACCIDENT REPORT - Commercial Vehicles

- 1. ANOTHER OCCUPIED VEHICLE
- 2. A PEDESTRIAN

- 3. ANY PERSONAL INJURY
- 4. EXTENSIVE PROPERTY DAMAGE

POLICYHOLDER

Policyholder Name University of Houston System	Location Code 783	Policy Number	Phone 713-743-6772
Business Address 4302 University Drive, E. Cullen Bldg. Room 2	City Houston	State TX	Zip Code 77204-2009

POLICYHOLDER VEHICLE (UH)

Vehicle Year, Make, Model	Vehicle VIN	License Plate No./State
Trailer Year, Make, Model	Trailer VIN	License Plate No./State
Description of Damage to Vehicle		

DATE, TIME, AND PLACE

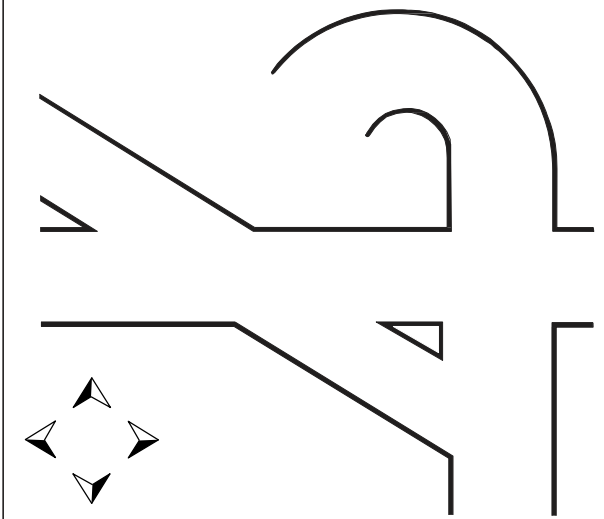
Date of Accident	Time	AM: <input type="checkbox"/>	PM: <input type="checkbox"/>	Exact Location of Accident or Loss (Include cross-streets, mile-markers, etc)
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DRIVER OF POLICYHOLDER VEHICLE (UH)

Driver's Name and Address, City, State, Zip				Phone
Driver's License No./State	Sex	Date of Birth	Social Security Number	Work Phone

ACCIDENT INFORMATION

Driver's Description of Accident

	Was Police Dept. Involved?	yes <input type="checkbox"/>	no <input type="checkbox"/>	Department Name
	Citations Issued?	yes <input type="checkbox"/>	no <input type="checkbox"/>	To Whom
	Witness Name			
	Witness Address		Phone	
	Additional Comments			

Illustrate How Accident Occurred (Label Vehicles and Street Names)

OTHER VEHICLES INVOLVED (not Policyholder Vehicle)

VEHICLE 1				VEHICLE 2			
Owner Name			Sex	Owner Name			Sex
Owner Address, City, State, Zip				Owner Address, City, State, Zip			
Home Phone		Business Phone		Home Phone		Business Phone	
D.O.B.	Age	Social Security Number		D.O.B.	Age	Social Security Number	
Vehicle Year, Make, Model		License Plate/State		Vehicle Year, Make, Model		License Plate/State	
Trailer Year, Make, Model		License Plate/State		Trailer Year, Make, Model		License Plate/State	
Vehicle VIN		Trailer VIN		Vehicle VIN		Trailer VIN	
Insurance Company		Policy Number		Insurance Company		Policy Number	
Insurance Company Phone No. / Agent Name				Insurance Company Phone No. / Agent Name			
Operator Name			Sex	Operator Name			Sex
Operator Address, City, State, Zip				Operator Address, City, State, Zip			
Home Phone		Business Phone		Home Phone		Business Phone	
Driver's License No./State				Driver's License No./State			
D.O.B.	Age	Social Security Number		D.O.B.	Age	Social Security Number	
Passenger Name		Injured? yes no		Passenger Name		Injured? yes no	
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>	
Passenger Name		Injured? yes no		Passenger Name		Injured? yes no	
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>	
Was Vehicle Parked? yes no				Was Vehicle Parked? yes no			
Description of Damage to Vehicle				Description of Damage to Vehicle			
Any Damage to Property Other than Vehicles? (i.e.: building, fence, sign, etc.)				Any Damage to Property Other than Vehicles? (i.e.: building, fence, sign, etc.)			
Property Owner Name				Property Owner Name			
Property Owner Address, City, State, Zip				Property Owner Address, City, State, Zip			
Description of Damage to Property				Description of Damage to Property			