



University of California, Santa Barbara Report of Vehicle Accident

INSTRUCTIONS

Use the *Report of Vehicle Accident* form to report a vehicle accident involving a UCSB employee. Submit completed form to UCSB Transportation Services and Risk Management without delay. You may also report your claim to SedgwickCMS, the University's Claims Administrator, at 1-800-416-4029.

UC DRIVER

Name of UC Driver: _____

Address: _____

License No: _____

Email: _____ Ph: _____

Dept: _____ Supervisor: _____

Describe injuries (if any): _____

Faculty Staff Student Other: _____

Insurance: The Regents of the University of California

Policy No: Self-Insured

Moving Stopped/Parked Bicycle Pedestrian

UC VEHICLE

Year: _____ Make: _____ Model: _____

Lic. No: _____ Est. Repair Cost: \$ _____

Describe vehicle damage: _____

OTHER DRIVER

Name of Other Driver: _____

Address: _____

License No: _____

Home Ph: _____ Bus. Ph: _____

Describe injuries (if any): _____

Relation to Owner (family, employee, etc): _____

Registered Owner: _____

Insurance Company: _____

Policy No: _____

Moving Stopped/Parked Bicycle Pedestrian

OTHER VEHICLE

Year: _____ Make: _____ Model: _____

Lic. No: _____ UC No: _____ Est. Repair Cost: \$ _____

Describe vehicle damage: _____

ACCIDENT

Date: _____ Time of Day: _____ # Vehicles: _____ # Injured: _____ # Passengers UC Veh. _____ # Passengers Other Veh. _____

Location of Accident: _____

Describe Accident: _____

Describe Passenger Injuries (if any) _____

Describe Damage to Other Property (if any): _____

ATTACHMENTS: Photo(s) Diagram(s) Repair Bills Statement(s) Other: _____

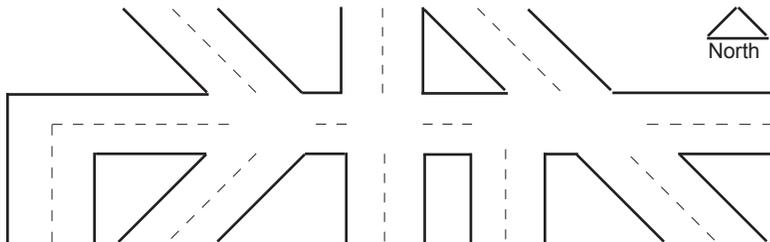
WITNESSES/PASSENGERS

Witness Pass. Name: _____ Address: _____ Ph: _____

Witness Pass. Name: _____ Address: _____ Ph: _____

DIAGRAM

Complete diagram showing direction and positions of autos or property involved. Attach additional sheet if req'd.



1. UC Vehicle 2. Other Vehicle 3. Other Vehicle

REPORT BY

Name of Reporting Party or Employee: _____ Title: _____ Ph: _____

Signature of Reporting Party or Employee: _____ Date: _____

Department: _____ Supervisor: _____ Supervisor's Ph: _____

NOTICE: Section 72 of the Penal Code provides: "Every person who, with intent to defraud, presents for allowance or for payment to any State Board or officer, or to any county, town, city, district, ward, or village board officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing is guilty of a felony."