## UCSD VEHICLE/CART INCIDENT REPORT

If you have been involved in an incident or find damage to a UCSD vehicle/cart, remember to stay calm and carefully follow the procedures below.

<u>Do not discuss the incident with anyone except law enforcement or designated, authorized University personnel.</u>

<u>Do not admit or accuse fault.</u>

- 1. Turn on your four-way emergency hazard lights.
- 2. If someone is injured & you're able, provide first aid and call 9-1-1 or Campus Police @ (858) 534-4357 (HELP). (NOTE: Using a cell phone to call 9-1-1 connects caller to CHP which may delay response time.)
- 3. If your vehicle is blocking traffic and it is safe to do so, move it off the roadway out of the flow of traffic.
- 4. Take photographs of vehicles and the scene if possible. (Consider using cell phone camera).
- 5. Collect required information below.
- 6. Obtain Case # from Police; and, if possible, Officer's Badge #.
- 7. Notify your Supervisor of incident.
- 8. Contact Fleet Services to have the vehicle checked for safety and/or a repair estimate.
- 9. If someone contacts you as a result of the incident, refer them to Campus Risk Management at (858) 534-2454.

| LAW ENFORCEMENT                   |                      |               |                     |                 |                     |             |                 |
|-----------------------------------|----------------------|---------------|---------------------|-----------------|---------------------|-------------|-----------------|
| Responding Law Enforcement Agency |                      |               | _ Officer's Badge # |                 | Police Case Report# |             |                 |
| DATE / TIME / LOCAT               | <u>ION</u>           |               |                     |                 |                     |             |                 |
| Date of Incident:/                | / Time               | ::_           | _ a.m./p.m.         | Location of Inc | cident:             |             |                 |
| UCSD VEHICLE                      |                      |               |                     |                 |                     |             |                 |
| UCSD Driver/Reporting Party       | / Name:              |               |                     |                 |                     | Birthdate:_ | /               |
| Driver's License #                |                      | State         | Expiration          | Date:/_         | /                   |             |                 |
| Department                        |                      | Mail Co       | de                  | Your Ext.       | •                   | _           |                 |
| Supervisor's Name                 |                      |               |                     | Supervi         | sor's Phone # (_    | )           |                 |
| Vehicle UCID #                    | License Plate        | #             | Year                | Make            | Mod                 | el          | Color           |
| List any Damage to UCSD Vel       | hicle                |               |                     |                 |                     |             |                 |
| OTHER VEHICLE - If a              |                      |               |                     |                 |                     |             |                 |
| Other Driver's Name               |                      |               |                     | Driver's L      | icense #            |             | State           |
| Address                           |                      |               | Cit                 | Y               |                     | State       | Zip             |
| Home Phone # ()                   |                      |               | Cell Phone          | # ()            |                     |             |                 |
| Insurance Co                      |                      | _ Policy #    |                     | Ins             | surance Phone #     | :()         | <del>-</del>    |
| Vehicle Plate #                   | State                | Year          | Make                |                 | Model               |             | Color           |
| Registered Owner                  |                      |               |                     | Phone #(        |                     |             | _               |
| Owner's Address                   | <del></del>          |               | Cit                 | /               | Sta                 | ate         | Zip             |
| List any Damage to Other Ve       | hicle                |               |                     |                 |                     |             |                 |
| PASSENGERS / WITN                 | I <b>ESSES</b> (Trai | nsfer informa | ation from com      | pleted Witnes   | s Card)             |             |                 |
| Name                              | Address              |               | City                | State           | Phone               |             | Injured? Y or N |
|                                   |                      |               |                     |                 |                     |             |                 |
|                                   |                      |               |                     |                 |                     |             |                 |
|                                   |                      |               |                     |                 |                     |             |                 |

Complete & Fax within 24 HOURS, even if no injuries or damage to: FLEET SERVICES (858) 534-2051 RISK MANAGEMENT (858) 534-5202



Road Conditions:\_\_\_\_\_ Weather Conditions:\_\_\_\_\_

| INSTRUCTIONS | 3: |
|--------------|----|
|--------------|----|

| 1) | Sketch the location(s) and direction(s) of all involved vehicles on the above diagram. Designate point of contact with an X. |
|----|--|
|    | Show street names, directions, and locations of objects Involved.  |
| 3) | Number each vehicle and show direction of travel by arrow.   |
| 4) | Use solid line to show path of each vehicle before incident —— Use dotted line to show path of vehicle after incident ——     |

- 5) Show motorcycle or bicycle by: **O-O**
- 6) Show pedestrian by: O
- 7) Show railroad by: +++++

| Please PRINT a brief description of the | ne         |       |
|---|------------|-------|
| incident:                               |            |       |
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| Report completed by:                    | Signature: | Date/ |