

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. Do not discuss the incident with anyone except law enforcement or designated, authorized University personnel. Do not admit or accuse fault.

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 / LOCATION

Date of Incident: ____/____/____ Time: ____:____ a.m./p.m. Location of Incident: _____

UCSD VEHICLE

UCSD Driver/Reporting Party Name: _____ Birthdate: ____/____/____

Driver's License # _____ State _____ Expiration Date: ____/____/____

Department _____ Mail Code _____ Your Ext. _____

Supervisor's Name _____ Supervisor's Phone # (____) _____ - _____

Vehicle UCID # _____ License Plate # _____ Year _____ Make _____ Model _____ Color _____

List any Damage to UCSD Vehicle _____

OTHER VEHICLE - If another UCSD Vehicle, state UCID # _____

Other Driver's Name _____ Driver's License # _____ State _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Insurance Co. _____ Policy # _____ Insurance Phone # (____) _____ - _____

Vehicle Plate # _____ State _____ Year _____ Make _____ Model _____ Color _____

Registered Owner _____ Phone # (____) _____ - _____

Owner's Address _____ City _____ State _____ Zip _____

List any Damage to Other Vehicle _____

PASSENGERS / WITNESSES (Transfer information from completed Witness Card)

Name	Address	City	State	Phone	Injured? Y or N
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**Complete & Fax within 24 HOURS, even if no injuries or damage to:
FLEET SERVICES (858) 534-2051 RISK MANAGEMENT (858) 534-5202**

