If this Vehicle is Involved in an Accident

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

1) Call the police department with jurisdiction or 911 immediately so an official accident report can be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.

2) Provide the police officer with the auto insurance ID card (in packet) and get the police report number.

3) Take photos.

4) Fill out the Vehicle Accident / Incident Report information form (in packet).

5) Employee’s supervisor must complete the Supervisor Statement on the Accident / Incident form.

6) Within 12 hours:
   □ Report the claim to Gary Rash, Executive Director of Campus Safety, (409) 749-9144.
   □ Email the completed Vehicle Accident/Incident Report form and any photos taken to wrash@lsco.edu.

7) The Executive Director of Campus Safety will:
   □ Report the claim to Gallagher Bassett and provide them with our Policy #: PK1037923.
   □ Submit completed accident form, photographs, damage estimate, and police report to Gallagher Bassett.

Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to the Insurance Adjuster assigned the claim.

Do not make any statements about the accident to anyone without first notifying the Insurance Adjuster and receive permission to do so.
Vehicle Accident / Incident Report

DRIVER INFORMATION

Name: ___________________________________________ Driver’s License Number: ______________________________
Address: _________________________________________ City: __________________ ST: __ Zip: __________
Phone: ___________________________________________ Date of Birth: ___________ Sex: □ M □ F
□ Student □ Staff □ Faculty Supervisor’s Name: ________________________________
Department: __________________________________ Department Phone: ______________________________

COLLEGE VEHICLE INFORMATION

Vehicle Number: __________ VIN #: ______________ License Plate: ____________
Year: ______ Make / Model: ___________________ Color: ______________
Description of Damage to Vehicle: ____________________________________________
____________________________________________________________________________
____________________________________________________________________________

ACCIDENT INFORMATION

Date of Accident: _______________ Time: ______ □ a.m. □ p.m. Place: □ On Campus □ Off Campus
Exact Location of Accident: ______________________________________________________
Police Notified? □ Yes □ No Police Department: ______________________________________
Officer’s Name: __________________________________________ Officer’s Badge No: _____________
Officer’s Phone No: ___________________________________________ Police Report #: _____________
Were citations issued? □ Yes □ No If so, to whom? _______________________________

OTHER DRIVER’S INFORMATION

Name: ___________________________________________ Address: _______________________________
Phone #: _________________________________________ Driver’s License No. ______________ ST: __________
Email: ___________________________________________ Date of Birth: ___________ Sex: □ M □ F
Vehicle Year: ______ Make/Model: __________________
Color: _______ Plate #: __________ ST: _______ VIN #: ________________________________
Number of People in other vehicle: ____ Circle Appropriate: front passenger/ back right passenger/ back left passenger

Other Driver’s Insurance Company Information

Carrier: ____________________________ Policy #: ______________________________
Agent Name: __________________________ Phone #: ____________________________
WITNESS INFORMATION

1) Name:__________________________________________________ Phone # (Home):_________________________
Address:__________________________________________________ Phone # (Work):__________________________
Driver’s License No._________________________________________ State Issued:_____________________________

2) Name:__________________________________________________ Phone # (Home):_________________________
Address:__________________________________________________ Phone # (Work):__________________________
Driver’s License No._________________________________________ State Issued:_____________________________

BRIEF DESCRIPTION OF ACCIDENT

Tell how the accident occurred and any information you feel contributed to the accident.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Injuries?  □ Yes □ No  If so, who was injured?_________________________________________________________

First Aid Administered? □ Yes □ No If so, by whom?_______________________________________________________

Did airbag deploy? □ Yes □ No

Property Damage? (guard rail, utility pole, etc) __________________________________________________________

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Driver’s Signature:__________________________________________________ Date:______________________________

SUPERVISOR’S STATEMENT

How and why accident occurred:_______________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Supervisor’s Signature:_____________________________________________ Date:______________________________