

Agency Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Automobile Accident Procedure

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

1. Call 911 immediately so an official accident report will be prepared. Inform 911 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*.

**Name & Phone: Mellany Patrong    Email: [patrongmw@tsu.edu](mailto:patrongmw@tsu.edu)**

The insurance contact will use this completed form to add the claim information into the SORM property and casualty claims database.

**Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to Mellany Patrong. Do not make any statements about the accident to anyone without first notifying Ms. Patrong.**

# Vehicle Accident Report

Collect information and complete both pages of this form immediately after an accident occurs. The original report should be hand delivered to the state agency insurance representative's office within one business day of the accident (pending injuries). If you have any questions, please call the state agency insurance representative

(Name) Mellany Patrong Ph. # ( 713 ) 313 - 6859

## General Information:

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location of Accident: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Authority Contacted: \_\_\_\_\_ Report #: \_\_\_\_\_

Responding Officer: \_\_\_\_\_

List any traffic violations/citations given to any drivers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weather Condition: \_\_\_\_\_ Road Condition: \_\_\_\_\_ Visibility: \_\_\_\_\_

Detailed description of physical conditions at location of vehicle accident:

\_\_\_\_\_

\_\_\_\_\_

Detailed description of activity leading to vehicle accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detailed description of any other factors that contributed to this accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of injured persons in the State agency vehicle (provide name, relationship to the state agency and injury):

\_\_\_\_\_

\_\_\_\_\_

Witness name(s) and Phone #(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

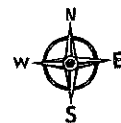
## Describe Damage to Vehicle:

Identify which parts of the vehicles came into contact with each other i.e. "My left rear bumper was hit by his right front as he tried to avoid rear ending my car": \_\_\_\_\_

\_\_\_\_\_






\_\_\_\_\_

# Your Sketch of the Accident Scene



(Draw a diagram of the accident scene in the grid below):


Key symbols to use above:                      At what distance did you notice danger? \_\_\_\_\_ feet

<i>Your Vehicle</i>	1
<i>Other Vehicle(s)</i>	2 - 3 - 4
<i>Pedestrian</i>	
<i>Stop Sign</i>	
<i>Yield Sign</i>	
<i>Railroad</i>	
<i>Point of Impact</i>	

## My Remarks

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**State Agency Driver Information:** (Number of people in your vehicle \_\_\_\_\_)

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Purpose for using the vehicle: \_\_\_\_\_

**State Agency Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Dept: \_\_\_\_\_

VIN: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Describe damage to State agency vehicle (Be very specific): \_\_\_\_\_

**Other Driver Information (from accident procedure page):**

Driver Name: \_\_\_\_\_ Driver Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Hm Phone:( ) \_\_\_\_\_

Wk Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Driver DL#: \_\_\_\_\_ DL State: \_\_\_\_\_ Driver DOB: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Hm & Wk Phone #: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_

Number of photos taken of the whole accident scene and all vehicle damage? \_\_\_\_\_ *(Submit with report)*

Any obvious prior damage to other vehicle? \_\_\_\_\_

**Other Vehicles Involved Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Please list passenger names, home & day time phone #s and any injuries: \_\_\_\_\_

Describe damage to other vehicle(s) (Be very specific): \_\_\_\_\_

\_\_\_\_\_  
Signature of State Agency Driver      Date      Signature of Supervisor      Date