

**ACCIDENT REPORT
UNIVERSITY OF COLORADO
UCB / UCDHSC**

Campus	UCCS	Date (MM/DD/YYYY) & TIME OF LOSS	PREVIOUSLY REPORTED
UCB	UCD	<input type="text"/> <input type="text"/> A.M.	YES
UCHSC	System	<input type="text"/> <input type="text"/> P.M.	NO

INSURED DEPARTMENT

EMPLOYEE NAME:	DRIVER'S LICENSE #:	D.O.B	DEPARTMENT NAME:	EMPLOYEE PHONE #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR NAME:	SUPERVISOR PHONE #:	VEHICLE COORDINATOR NAME:	COORDINATOR PHONE #:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

LOSS

LOCATION OF ACCIDENT (INCLUDING CITY AND STATE):	AUTHORITY CONTACTED AND REPORT #:
<input type="text"/>	<input type="text"/>
VIOLATIONS/CITATIONS:	EMPLOYEE'S DESCRIPTION OF ACCIDENT(Use reverse side, if necessary):
<input type="text"/>	<input type="text"/>

UNIVERSITY INSURED VEHICLE

YEAR, MAKE, MODEL, COLOR:	V.I.N. (VEHICLE IDENTIFICATION):	VEHICLE PLATE #:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DESCRIBE DAMAGE	EST AMT?	WHERE CAN VEHICLE BE SEEN?	WHEN?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VEH USED WITH PERMISSION:	PHOTOS TAKEN BY		
YES NO	<input type="text"/>		

OTHER PROPERTY OR VEHICLE

PROPERTY DAMAGED (YEAR, MAKE, MODEL, COLOR):	V.I.N. (VEHICLE IDENTIFICATION):	VEHICLE PLATE #:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
OWNER'S NAME/ADDRESS:	INS COMPANY NAME / AGENCY / POLICY #:	PHONE #:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DRIVER'S NAME/ADDRESS:	DRIVER'S LICENSE #:	D.O.B	PHONE #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DESCRIBE DAMAGE	EST AMT?	WHERE CAN VEHICLE BE SEEN?	WHEN?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INJURED

NAME AND ADDRESS	PHONE #:	PED	INS VEH	OTHER VEH	AGE	EXTENT OF INJURY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WITNESSES OR PASSENGERS

NAME AND ADDRESS	PHONE #:	INS VEH	OTHER VEH	OTHER (SPECIFY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REPORTED BY:	DATE:	TIME:	REPORTED TO:	SIGNATURE OF SUPERVISOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>