

DO:

- Call 911 immediately if injuries are involved and request medical assistance
- If accident occurs on campus grounds, call Campus Police at (562) 985-4101
- Notify your manager/supervisor immediately
- Obtain the other driver's license number, insurance information from their Insurance Verification card and a description of the vehicle from their registration card.
- Complete Accident Investigation Card and give it to the other driver (*NOTE: This only applies when driving the company's van/cart's*)
- If safe and if other party agrees take pictures of damaged portions of all vehicles.

DO NOT:

Admit any responsibility or make any statements about the accident to anyone other than:

- Police Officer
- Your Manager/Supervisor
- Risk Management Department

EMPLOYEE should complete all applicable sections of this form. In case of driver injury, the manager/supervisor shall complete this form. ***Submit this form to your supervisor the same day but no later than the next business day after the accident. Please submit this to Risk Management.***

MANAGER, in case of a driver injury please make sure we follow Workers Compensation checklist for proper documentation and procedures. Additionally, prepare a Accident Report within one (1) working day following the date of the accident and submit to the Risk Management Department.

☐ **ACCIDENT** ☐ **DAMAGE/NOT ACCIDENT RELATED**

Date of Occurrence: _____ Time: _____ AM/PM

Number of Passengers: _____ Location: _____

VEHICLE & DRIVER INFORMATION

☐ **PERSONAL** ☐ **COMPANY VAN** ☐ **CARTS** ☐ **FORKLIFT**

Vehicle (Year, Make, Body Style): _____ License Plate No.: _____

Driver Full Name: _____ Driver's License No.: _____

Department : _____ Supervisor: _____

DESCRIPTION OF DAMAGE:

DETAILS OF THE OTHER VEHICLE

☐ N/A (NO OTHER VEHICLE INVOLVED)

Driver's Full Name: _____ Phone Number: _____

Address: _____ Number of Passengers: _____

Driver's License No.: _____ State: _____

Vehicle (Year, Make, Body Style): _____ License Plate Number: _____

Insurance Company: _____ Policy Number: _____

DESCRIPTION OF DAMAGE:

LAW ENFORCEMENT

☐ N/A (NO LAW ENFORCEMENT PRECENSE NEEDED)

Officer Name: _____ Badge Number: _____

Agency: _____ Report Number: _____

Did you receive a ticket?: ☐ YES ☐ NO

INJURED PERSONS

☐ N/A (NO INJURIES TO REPORT)

Name: _____ Address: _____

Telephone: _____ Nature and Extent: _____

Name: _____ Address: _____

Telephone: _____ Nature and Extent: _____

WITNESSES

☐ N/A (NO WITNESSES)

Name: _____ Telephone: _____

Address: _____

WITNESS STATEMENT:

Name: _____ Telephone: _____




Address: _____


WITNESS STATEMENT:

COMPLETE THE FOLLOWING ACCIDENT DIAGRAM

- Indicate compass direction on diagram
- Name streets or roads and (if any) railroad tracks
- Indicate direction and position of each vehicle involved in the accident
- The letter (A) is designated to Beach Shops vehicle and (B), (C), etc., for other vehicle(s)

ACCIDENT DIAGRAM

VEHICLE SYMBOL
(A) 
(B) 
(C) 


COMPASS

ROAD TYPE:

- ☐ RESIDENTIAL
- ☐ BUSINESS/COMMERCIAL
- ☐ FREEWAY/HIGHWAY
- ☐ ALLEY
- ☐ PARKING LOT
- ☐ RURAL ROAD
- ☐ ON-CAMPUS ROUTES

DESCRIPTION OF INCIDENT:

Weather Conditions:

- ☐ CLEAR ☐ OVERCAST/FOGGY ☐ LIGHT RAIN ☐ MEDIUM RAIN ☐ HEAVY RAIN ☐ STANDING WATER

Purpose of travel: _____ Were seatbelts being worn?: ☐ YES ☐ NO

SIGNATURES

(BY SIGNING THIS DOCUMENT YOU ARE CONFIRMING THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE)

Employee Name: _____

Employee Signature: _____ Date: _____

On-Duty Manager Name: _____

On-Duty Manager Signature: _____ Date: _____

HUMAN RESOURCES/RISK MANAGEMENT ONLY

Risk Management Comments:

Training Recommended: ☐ YES ☐ NO

Sent to CSURMA AORMA: ☐ YES ☐ NO

Risk Management Representative Signature: _____ Date: _____