



University of California, Santa Barbara Report of Vehicle Accident

INSTRUCTIONS

Use the Report of Vehicle Accident form to report an accident involving a UC Santa Barbara employee. Submit completed form to UCSB Risk Management.

UC DRIVER

Name of UC Driver: _____
Address: _____
License No: _____
Email: _____ Ph: _____
Dept: _____ Supervisor: _____
Describe injuries (if any): _____

Faculty Staff Student Other: _____

Insurance: The Regents of the University of California

Policy No: Self-Insured

Moving Stopped/Parked Bicycle Pedestrian

OTHER DRIVER

Name of Other Driver: _____
Address: _____
License No: _____
Home Ph: _____ Bus. Ph: _____
Describe injuries (if any): _____

Relation to Owner (family, employee, etc): _____

Registered Owner: _____

Insurance Company: _____

Policy No: _____

Moving Stopped/Parked Bicycle Pedestrian

UC VEHICLE

Year: ____ Make: _____ Model: _____
Lic. No: _____ Est. Repair Cost: \$ _____
Describe vehicle damage: _____

OTHER VEHICLE

Year: ____ Make: _____ Model: _____
Lic. No: _____ UC No: _____ Est. Repair Cost: \$ _____
Describe vehicle damage: _____

ACCIDENT

Date: _____ Time of Day: _____ # Vehicles: ____ # Injured: ____ # Passengers UC Veh. ____ # Passengers Other Veh. ____

Location of Accident: _____

Describe Accident: _____

Describe Passenger Injuries (if any) _____

Describe Damage to Other Property (if any): _____

ATTACHMENTS: Photo(s) Diagram(s) Repair Bills Statement(s) Other: _____

REPORTED TO: UCSB Police Local Police Sheriff CHP Case No: _____

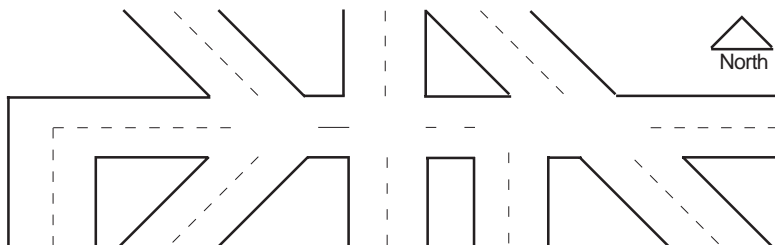
WITNESSES/PASSENGERS

Witness Pass. Name: _____ Address: _____ Ph: _____

Witness Pass. Name: _____ Address: _____ Ph: _____

DIAGRAM

Complete diagram showing direction and positions of autos or property involved. Attach additional sheet if req'd.



1. UC Vehicle 2. Other Vehicle 3. Other Vehicle

REPORT BY

Name of Reporting Party or Employee: _____ Title: _____ Ph: _____

Signature of Reporting Party or Employee: _____ Date: _____

Department: _____ Supervisor: _____ Supervisors' Ph: _____

NOTICE: Section 72 of the Penal Code provides: "Every person who, with intent to defraud, presents for allowance or for payment to any State Board or officer, or to any county, town, city, district, ward, or village board officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing is guilty of a felony."