**IN CASE OF ACCIDENT**

1. FIRST check for injuries.
2. Call for help – dial 911.
   1. Indiana State Police (800) 852-3970
   2. Kentucky State Police (502) 695-6300
   3. Illinois State Police (217) 782-7263
   4. Ohio State Police (614) 466-2990
3. **Always** request a police report for any accident.
4. Do not admit fault.
5. Exchange information with others involved in accident.
6. Complete as many details as possible on the Accident Report Form and return to Facilities Motor Vehicle Department if the vehicle is an Enterprise Rental or to USI Risk Management for all other rentals and fleet cars.
7. Report the accident immediately to USI Risk Management (812-465-7003).

**USI Department Information**

**USI Control Room Operator, 24 hour assistance**

1-812-464-1729

**USI Motor Vehicle Supervisor (Regular Business Hours)**

1-812-465-1659

**USI Motor Vehicle Reservations (Regular Business Hours)**

1-812-464-1700

**USI Risk Management (Regular Business Hours)**

812-465-7003

*If driving a vehicle rented from Enterprise, please give a copy of this form to Facilities Motor Vehicles Department and USI’s Risk Management Department. If the vehicle is from the USI Fleet or another rental agency, a copy will only need to be given to Risk Management*.

Accident Reporting Form

**Date of Accident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Nearest Intersecting Cross Roads:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Vehicles Involved: \_\_\_\_\_\_\_\_\_\_ Witness Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| USI DRIVER INFORMATION | | | |
| NAME |  |  |  |
| ADDRESS |  |  |  |
| CITY |  | **STATE, ZIP** |  |
| TELEPHONE |  | **EMAIL** |  |
| DL NUMBER |  | **STATE/EXPIRES** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| OTHER DRIVER INFORMATION | | | |
| NAME |  |  |  |
| ADDRESS |  |  |  |
| CITY |  | **STATE, ZIP** |  |
| TELEPHONE |  | **EMAIL** |  |
| DL NUMBER |  | **STATE/EXPIRES** |  |

**Police contacted: YES NO Department Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Officer Name/Badge #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was USI Car TOWED or DRIVABLE (Circle One) Tow Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was other Car TOWED or DRIVABLE (Circle One) Tow Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE DESCRIBE THE ACCIDENT AND THE DAMAGE TO EACH VEHICLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please take picture of any damage and location of accident if it is safe to do so and submit to USI Risk Management at** [**riskmngt@usi.edu**](mailto:riskmngt@usi.edu)**.**

**NAME OF INSURED: INSURANCE COMPANY:**

University of Southern Indiana Cincinnati Insurance Company

8600 University Blvd Agent: Arthur J. Gallagher

Evansville, IN 47712 Policy #SMA0008412