UC Irvine

Report of Vehicle Incident/Collision

Use this form for reporting all vehicle-related claims. Attach completed form to a new ServiceNow General Request (select request type 'Claims') or email the form to CRSN@uci.edu – for detailed instructions, see our Claims Management webpage (scroll to the bottom).

Complete as much of the form as you can.

Information about incident/collision

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

UC Vehicle License #: _____ UC Vehicle #: _____

Department using vehicle: _____

Department address: _____

Was vehicle being used for University business? ○ Yes ◉ No

If yes, nature of business: _____

Destination at time of incident/collision: _____

How could the incident/collision have been prevented?

Information about other vehicle involved in incident/collision (if applicable)

Year/Make/Model of Vehicle: _____ Vehicle License #: _____

Name of Other Vehicle's Driver: _____ Driver's License #: _____

Other Driver's Address: _____ Other Driver's Phone #: _____

Other Driver's Insurance Company: _____ Policy #: _____

Please provide contact information for witnesses, if available.

Witness 1's name: _____ Witness 1's phone #: _____

Witness 2's name: _____ Witness 2's phone #: _____

UC Irvine

UC Driver Information

Name of UC Driver: | Driver's License #:

Birthdate: | Driver's Phone #:

Address:

Department: | Job Title:

Name of Supervisor: | Supervisor's Phone #:

Describe the incident/collision:

Describe the damage to the UC vehicle:

Describe the damage to the other vehicle:

Accident reported to (check all that apply)

☐ Campus Police ☐ City Police ☐ Highway Patrol Police Report #(s):

Weather conditions at time of incident/collision (check all that apply)

☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Fog ☐ Other (describe):

Roadway conditions at time of incident/collision (check all that apply)

☐ Holes/ruts ☐ Loose material on roadway ☐ Obstruction on roadway ☐ Reduced roadway width

☐ Flooded ☐ No unusual conditions ☐ Other (describe):

Please attach a diagram of the incident/collision when you submit this form. Indicate UC vehicle as "A", other vehicles as "B", "C", etc. Indicate the position of all vehicles and any fixed objects involved in the incident/ collision. Please be sure to indicate North.

If available, please attach photos of the incident/collision results, showing damage to vehicles.

Form submitted by (not needed if you have a UCINET ID)

Submitter's name: | Submitter's phone:

UC employee #: | Submitter's email: | Date submitted: