

Accident Report Form

What to do in case of an accident while driving on University Business:

- Keep calm.
- If there are injuries, immediately call 911.
- Do not argue or admit liability.
- Put out emergency flares or reflectors, if available.
- Call Campus Safety at (559) 453-2298.
- Take photos of the accident scene, damage to each vehicle, and driver information before the vehicles are moved.
- Record all accident information on this form and return completed form to Campus Safety as soon as possible.

Accident Information

Driver Name _____ Date/Time of Accident _____

FPU Authorized Driver at Time of Accident ☐ Yes ☐ No

Location of Accident _____

Description of Accident _____

Photos: ☐ Accident Scene ☐ Damage to Each Vehicle ☐ License Plate ☐ Other Driver's Insurance
☐ Other Driver's License

Insured Vehicle Information

Please complete this information for the FPU driver.

License Plate Number _____ FPU Fleet Vehicle? ☐ Yes ☐ No

Vehicle Year _____ Make _____ Model _____

Vehicle Owner _____ Vehicle Owner Phone Number (____) _____

Vehicle Owner Address _____

Vehicle Owner Insurance Company _____

Description of Damage to Vehicle _____

Other Vehicle Information

License Plate Number _____

Vehicle Year _____ Make _____ Model _____

Vehicle Owner _____ Vehicle Owner Phone Number (____) _____

Vehicle Owner Address _____

Vehicle Owner Insurance Company _____

Description of Damage to Vehicle _____

*If additional vehicles are involved, please use the Additional Notes section to record additional vehicle information.

Injured Parties

Please complete as much information about the injured parties as possible.

Injured Party 1

Name _____ Phone Number (____) _____

Address _____

Injured Party 2

Name _____ Phone Number (____) _____

Address _____

Witnesses

Please provide witness information.

Witness 1

Name _____ Phone Number (____) _____

Address _____

Witness 2

Name _____ Phone Number (____) _____

Address _____

Police or Highway Patrol Information

Were the Police or Highway Patrol called? ☐ Yes ☐ No

Department _____

Officer Name _____

Badge # _____ Case # _____ Were Citations/Tickets Issued? ☐ Yes ☐ No

Additional Notes

Person Filing Report

Name _____ Phone Number (____) _____