

**REGENT INSTITUTIONS
BOARD OF REGENTS, STATE OF IOWA
VEHICLE ACCIDENT REPORT**

Vehicle Accident Reporting Procedures

1. **STOP** - Do not leave the scene of the accident.
2. Render aid or assistance to the injured (Section 321.263, Code of Iowa).
3. Notify the nearest law enforcement agency immediately if the accident involves a fatality, injury, or property damage. If the accident occurs on campus, please contact the Department of Public Safety at your institution:

Iowa State University
(515) 294-4428

The University of Iowa
(319) 335-5022

The University of Northern Iowa
(319) 273-2712

4. Do not admit fault and do not attempt to settle your own claim.
5. If the accident involves another party, complete the Accident Information Exchange.
6. Be sure to obtain names, addresses, and phone numbers of any passengers or witnesses.
7. Complete the Vehicle Accident Report form. Answer all questions.

8. Return the completed form to:

Iowa State University
Transportation Services
919 Haber Road
Ames, IA 50011

The University of Iowa
Fleet Services
100FS, 155 Harrison St.
Iowa City, IA 52242

The University of Northern Iowa
Transportation Services
Facilities Management
Cedar Falls, IA 50614

9. Notify your supervisor.

If you have questions, please call Risk Management

Iowa State University
Office of Risk Management
1700 Administrative Services Building
2221 Wanda Daley Drive
Ames, IA 50011
Ph: (515) 294-7711
Email: claims@iastate.edu

The University of Iowa
Risk Management
430 Plaza Centre One
Iowa City, IA 52242
Ph: (319) 335-0010
Email: risk-management@uiowa.edu

The University of Northern
Risk Management
3219 Hudson Rd
Cedar Falls, IA 50614-0197
Ph: (319) 273-3189

Board of Regents, State of Iowa
ACCIDENT INFORMATION EXCHANGE

Regents Driver: Please complete the bottom half of this form and give to the other party. Have the other party complete the top half of this form and give to you.

Other Vehicle Information

Driver's Name _____

Street Address _____ City, State, Zip _____

Driver License No./State _____ Date of Birth _____

Work Phone No. _____ Home Phone No. _____

Owner's Name _____

Street Address. _____ City, State, Zip _____

Name of Insurance Company _____ Policy No. _____

Address of Insurance Company _____ City, State, Zip _____

Type of Vehicle (Pass. Car, Truck, etc.) _____ Mileage _____

Year, Make, Model, License Plate No. _____

Names and Addresses of Passengers/Witnesses _____

Regent Driver/Vehicle Information

Names _____ Work Phone _____

Driver License No./State _____ Date of Birth _____

Type of Vehicle (Pass. Car, Truck, etc.) _____ Mileage _____

Year, Make, Model _____ License Plate No. _____

Owner's Name _____

Street Address _____ City, State, Zip _____

Board of Regents' institutions are agencies of the State of Iowa and are self-insured for motor vehicle liability.

If you have any questions, please contact:

Iowa State University
Office of Risk Management
1700 Administrative Services Building
2221 Wanda Daley Drive
Ames, IA 50011
Ph: (515) 294-7711
Email: claims@iastate.edu

The University of Iowa
Risk Management
430 Plaza Centre One
Iowa City, IA 52242
Ph: (319) 335-0010
Email: risk-management@uiowa.edu

The University of Northern Iowa
Risk Management
3219 Hudson Rd
Cedar Falls, IA 50614-0197
Ph: (319) 273-3189

VEHICLE ACCIDENT REPORT

Board of Regents, State of Iowa

Do Not Write In This Box
Fleet File No.

Regents Institution: Iowa State University University of Iowa University of Northern Iowa
 Iowa School for the Deaf Iowa Braille and Sight Saving School

TIME AND LOCATION OF ACCIDENT

Accident Date (Mo/Day/Year)		Day of Week	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Vehicles
City	State	At (Street Address, Intersection, Highway, or Parking Lot Name/Number)		<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus
Were the police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Department/Agency	Investigating Officer	Case No.
Were charges filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Against whom?	Describe violation (attach copy of the charge)	

NO. 1 (REGENTS VEHICLE)

Driver's Name (Last, First, MI)		Date of Birth	Leased vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Valet Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License No./State
Home Address		City/State/Zip		Home Phone#	
Work Phone #	Department		Job Title		No. of Occupants
License Plate Number	VIN	State of Reg.	Vehicle Year, Make, Model		
Damage Estimate \$	Describe Vehicle Damage				

NO. 2 (OTHER VEHICLE)

Driver's Name (Last, First, MI)		Date of Birth	Leased vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Valet Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License No./State
Street Address		City/State/Zip		Home Phone#	Work Phone#
Type of Vehicle	Make	Model	Year	License Plate No.	State of Registration No. of Occupants
Owner's Name		Street Address		City/State/Zip	Phone Number
Insurance Company Name/Agent's Name			Address and Phone Number		
Damage Estimate \$	Describe Vehicle Damage				

PROPERTY DAMAGED OTHER THAN VEHICLE (*Fence, utility pole, etc.*)

Owner's Name	Street Address	City/State/Zip	Phone Number
Property Damage			

INJURED PERSONS (*Attach additional sheets if necessary*)

Contact information (Name, Address, Phone Number)	Describe Injuries	
		Treated at scene Yes No Taken to ER Yes No
		Treated at scene Yes No Taken to ER Yes No

PASSENGER IN REGENTS VEHICLE (Attach additional sheets if necessary)

Contact information (Name, Address, Phone Number, Email)

WITNESS (Attach additional sheets if necessary)

Contact information (Name, Address, Phone Number, Email)

ACCIDENT INFORMATION

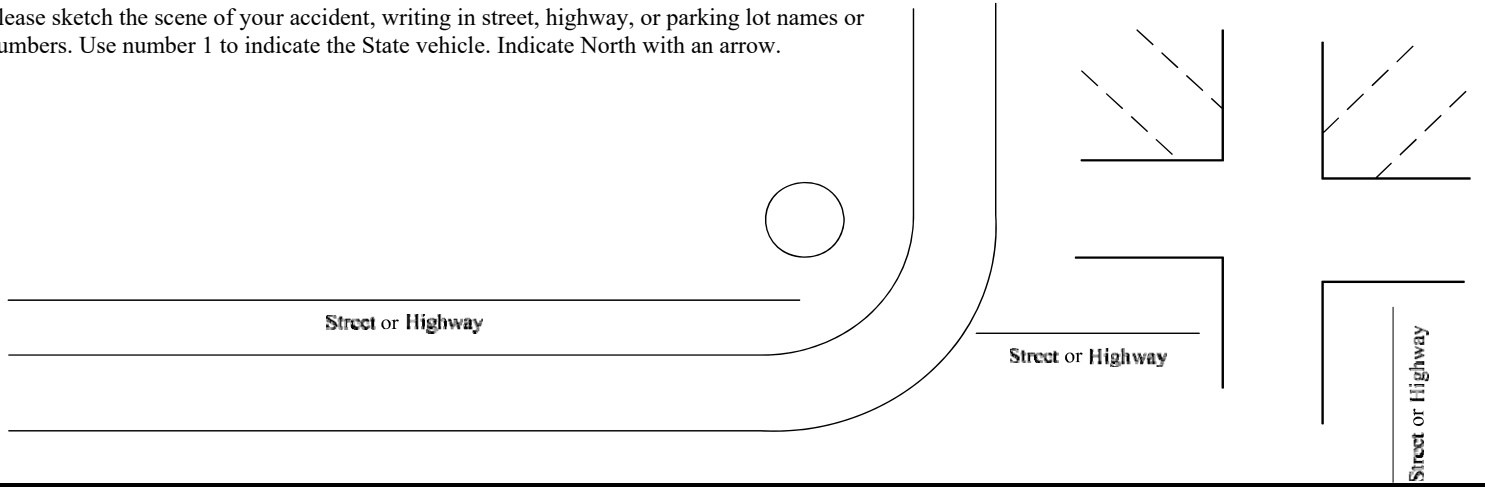
Did you signal a turn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by...	<input type="checkbox"/> Signal Light <input type="checkbox"/> Hand Signal	Which direction?	<input type="checkbox"/> Left <input type="checkbox"/> Right
Was your seatbelt fastened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speed before accident?			
Were headlights and taillights burning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were safety warning lights burning?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCIDENT DESCRIPTION

Accident (Please note any contributing factors, e.g. weather, road construction, etc.)

Complete Diagram Below

Please sketch the scene of your accident, writing in street, highway, or parking lot names or numbers. Use number 1 to indicate the State vehicle. Indicate North with an arrow.



Signature _____ Date _____

Supervisor/Department Head _____ Date _____

Print Name _____

Print Name _____

Contact Information/Email or Cell Phone _____

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