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.


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


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

REVISED 5/23/2019
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 __________________________________________________________
Driver License No./State ____________________________________________________________________________________________
Work Phone No. ________________________________________________________________________________________________
Owner's Name ________________________________________________________________
Street Address ____________________________________________________________
Name of Insurance Company _________________________________________________
Address of Insurance Company _______________________________________________
Type of Vehicle (Pass. Car, Truck, etc.) _________________________________________
Year, Make, Model, License Plate No. ______________________________________________________________________________
Names and Addresses of Passengers/Witnesses _________________________________________________________________________

Regent Driver/Vehicle Information

Names ____________________________________________________________ Work Phone _________________
Driver License No./State ____________________________________________________________________________________________
Type of Vehicle (Pass. Car, Truck, etc.) _________________________________________ Mileage _________________
Year, Make, Model ________________________________________________________________________________________________
Owner's Name ________________________________________________________________ License Plate No. _________________
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:

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Risk Management
3219 Hudson Rd
Cedar Falls, IA 50614-0197
Ph: (319) 273-3189
### Time and Location of Accident

<table>
<thead>
<tr>
<th>Accident Date (Mo/Day/Year)</th>
<th>Day of Week</th>
<th>Time</th>
<th>Number of Vehicles</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>At (Street Address, Intersection, Highway, or Parking Lot Name/Number)</th>
<th>On Campus</th>
<th>Off Campus</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Were the police notified?</th>
<th>Yes</th>
<th>No</th>
<th>Police Department/Agency</th>
<th>Investigating Officer</th>
<th>Case No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Were charges filed?</th>
<th>Yes</th>
<th>No</th>
<th>Against whom?</th>
<th>Describe violation (attach copy of the charge)</th>
</tr>
</thead>
</table>

### No. 1 (Regents Vehicle)

<table>
<thead>
<tr>
<th>Driver's Name (Last, First, MI)</th>
<th>Date of Birth</th>
<th>Leased vehicle</th>
<th>Valet Driver</th>
<th>Driver License No./State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City/State/Zip</th>
<th>Home Phone#</th>
<th>Work Phone#</th>
<th>Department</th>
<th>Job Title</th>
<th>No. of Occupants</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License Plate Number</th>
<th>VIN</th>
<th>State of Reg.</th>
<th>Vehicle Year, Make, Model</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Damage Estimate</th>
<th>Describe Vehicle Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### No. 2 (Other Vehicle)

<table>
<thead>
<tr>
<th>Driver's Name (Last, First, MI)</th>
<th>Date of Birth</th>
<th>Leased vehicle</th>
<th>Valet Driver</th>
<th>Driver License No./State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State/Zip</th>
<th>Home Phone#</th>
<th>Work Phone#</th>
<th>Type of Vehicle</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>License Plate No.</th>
<th>State of Registration</th>
<th>No. of Occupants</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner's Name</th>
<th>Street Address</th>
<th>City/State/Zip</th>
<th>Phone Number</th>
<th>Insurance Company Name/Agent's Name</th>
<th>Address and Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Damage Estimate</th>
<th>Describe Vehicle Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Property Damaged Other Than Vehicle (Fence, utility pole, etc.)

<table>
<thead>
<tr>
<th>Owner's Name</th>
<th>Street Address</th>
<th>City/State/Zip</th>
<th>Phone Number</th>
<th>Property Damage</th>
</tr>
</thead>
</table>

### Injured Persons (Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Contact information (Name, Address, Phone Number)</th>
<th>Describe Injuries</th>
<th>Treated at scene</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treated at scene</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Taken to ER</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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<tr>
<th>Treated at scene</th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Taken to ER</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
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? [ ] Yes [ ] No If yes, by... [ ] Signal Light [ ] Hand Signal Which direction? [ ] Left [ ] Right
Was your seatbelt fastened? [ ] Yes [ ] No Speed before accident?
Were headlights and taillights burning? [ ] Yes [ ] No Were safety warning lights burning? [ ] Yes [ ] 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
Iowa State University Office of Risk Management
1700 Administrative Services Building
2221 Wanda Daley Drive
Ames, IA 50011
Ph: (515) 294-7711
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