What to do in the event of an automobile accident:

1. Stop at the scene of the accident to determine if anyone was injured and assess damage.

2. Contact medical services if anyone is injured and requires or requests medical assistance.

3. Report accident to appropriate law enforcement agency.

4. Do not admit or deny responsibility and do not sign any document unless required to do so by a police officer.

5. Exchange name, address and vehicle registration number with driver of other vehicle.

6. Obtain name, address and phone number of any witnesses.

7. Complete the UD Accident Report contained in this kit and report the accident to the University Office of Risk Management at 302-831-2971 as soon as possible but no later than the morning of the following business day. As soon as possible, fax a copy of the completed Accident Report Form to Risk Management, fax number 302-831-4120.

8. In accordance with University Policies and Procedures, report the accident to your supervisor.
In the event of an accident, first call the police.
**Emergency: 9-1-1**
Non-Emergency Newark Police: (302) 366-7111
Non-Emergency New Castle County Police: (302) 573-2800
Non-Emergency University of Delaware Public Safety: (302) 831-2222

Then, complete this form and return to the Office of Risk Management, as follows:

Jessica Chason, 220 Hullihen Hall, Newark, DE 19716-4620
P: (302)-831-8468  F: (302)-831-4120  jchason@udel.edu

Date of Accident: ___________________________  Time: ___________________________

Location of Accident: ______________________________________________________________________

State: _______________  City and/or County: ___________________________

Address or Cross Roads of closest intersection: ______________________________________________________________________
____________________________________________________________________

**University driver and vehicle information:**

Name: ________________________________________________________________________________

Campus Phone No.: ____________________________________________

Vehicle year/make/model: ___________________________

License plate Number: ___________________________________________________________________

**Information about the other driver and vehicle:**

Name: ________________________________________________________________________________

Address: ______________________________________________________________________________

Phone Number: _________________________________________________________________________


**Insurance company:**

**Policy Number:**

**Vehicle yr/make/model:** ________________________________

**License plate No:** ____________________________________

**Witnesses to the accident:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone number:</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

☐ Passenger  ☐ Witness  ☐ Passenger  ☐ Witness

Use back of Sheet for additional space if required.

**Details of Accident:**

Indicate on diagram position & Direction of vehicles and/or pedestrians.

Insert Arrow to indicate North

Indicate where the damage is to your vehicle and the other driver’s vehicle.

**University Vehicle**

**Other Vehicle**

**Accident Description:** __________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
**Injured Persons/ Passengers**

Was anyone injured?     Yes  No

If yes, complete the following:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone number:</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

☐ Driver ☐ Passenger ☐ Pedestrian

Was an Ambulance called?     Yes  No

If so name of Company:______________________________

**Addition Information:**

Were Police Called?     Yes  No

If so, which Department: ________________________________

Officers Name: ________________________________

Citation Issued?

☐ None ☐ You ☐ Other Driver

If to you, what were the charges: ________________________________

Signed ________________________________   Date: ________________________________