

USI Vehicle Accident Reporting Form

Date of Accident: _____ Time: _____

Location of Accident: _____

Nearest Intersecting Crossroads: _____

Number of Vehicles Involved: _____ Witness Information: _____

USI DRIVER INFORMATION	
NAME:	
ADDRESS:	
CITY:	STATE, ZIP:
TELEPHONE:	EMAIL:
DRIVER LICENSE #:	EXPIATION DATE:
PROVIDE THE STATE DRIVER'S LICENSE ISSUED:	

OTHER DRIVER INFORMATION	
NAME:	
ADDRESS:	
CITY:	STATE, ZIP:
TELEPHONE:	EMAIL:
DRIVER'S LICENSE #:	EXPIRATION DATE:
LICENSE PLATE #:	
INSURANCE COMPANY:	POLICY #:

Police contacted: YES NO Department Name: _____

Officer Name/Badge #: _____ Case # _____

Was USI Car TOWED or DRIVABLE (Circle One)? Tow Company: _____

Was the other Car TOWED or DRIVABLE (Circle One)? Tow Company: _____

Provide Photos of Vehicles/Damage/Intersection, if possible.

PLEASE DESCRIBE THE ACCIDENT AND THE DAMAGE TO EACH VEHICLE:

If it is safe, then please take pictures of any damage and the location of the accident and submit them with the Accident Reporting Form to USI Risk Management at USI1riskmgt@usi.edu.

NAME OF INSURED	INSURANCE COMPANY
University of Southern Indiana (USI)	Travelers – St Paul Protective Insurance Company
8600 University Boulevard	Agent – Arthur J Gallagher Risk Management Services
Evansville IN 47712	2025-2026 Policy Number - 8108Y1530052514G

Vehicle Accident Guidelines and Vehicle Accident Reporting Form

Vehicle Accident Guidelines:

If you are involved in an accident, please follow the guidelines listed here. Complete the information sections as thoroughly as possible.

1. Stop Immediately.
2. Call appropriate law enforcement agency immediately to investigate:
 - a. For accidents on campus, call USI Public Safety:
 - i. Non-emergency - 812-464-1845
 - ii. Emergency - 812-492-7777
 - b. For accidents off campus, or those involving injuries, call 911.
 - c. The Authorized Driver must report accident to their Supervisor/Department Head
3. Obtain medical assistance for anyone injured.
4. Do not accuse others or make any admission of responsibility for the accident. Cooperate fully with the law enforcement authority investigating the accident.
5. Do not move the vehicle until the investigating officer gives you permission or local law requires the vehicle to be moved.
6. Exchange complete information with the other drivers involved. Use the Vehicle Accident Reporting form to record their information. If you are able, please provide pictures of both vehicles (damage) and intersection.

Reporting Vehicle Accident and Procedures

The Authorized Driver is required to notify their Supervisor and Risk Management of vehicle accidents, accidents involving bodily injury and accidents involving property damage as reasonably possible following the accident.

Contact Risk Management:

- During University business hours by phone at 812-465-7003
- Email USI1riskmgt@usi.edu

Required documentation for all Vehicle Accidents:

- Vehicle Accident Report Form
- USI Public Safety Report
- Police Report

Email Required Vehicle Accident documentation directly to USI1riskmgt@usi.edu

IMPORTANT: Failure to report an accident, however small, to Risk Management is a violation the USI's Vehicle Safety Policy.