

# 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 LICENSE ISSUED	

OTHER DRIVER INFORMATION	
NAME	
ADDRESS	
CITY	STATE, ZIP
TELEPHONE	EMAIL
DRIVERS 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 other Car TOWED or DRIVABLE (Circle One) Tow Company: \_\_\_\_\_

**PLEASE DESCRIBE THE ACCIDENT AND THE DAMAGE TO EACH VEHICLE:**

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If it is safe, please take pictures of any damage and location of accident and submit with the Accident Reporting Form to USI Risk Management at [USI1riskmgt@usi.edu](mailto:USI1riskmgt@usi.edu)

NAME OF INSURED	INSURANCE COMPANY
University of Southern Indiana	Travelers Indemnity, Charter Oak Fire Insurance Co
8600 University Boulevard	Agent – Arthur J Gallagher
Evansville IN 47712	<b>2022-2023 Policy Number - 8100P28930A2214G</b>