

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:

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

NAME OF INSURED	INSURANCE COMPANY
University of Southern Indiana – Company Number 18767	Church Mutual Insurance Company
8600 University Boulevard	Agent – Arthur J Gallagher
Evansville IN 47712	2023-2024 Policy Number – Q00541097