



Vehicle Accident Procedures

Office of Risk Management

These procedures provide guidance for Employees involved in vehicle accidents while in the scope of conducting University Business. Department heads/supervisors should ensure that their personnel are aware of and adhere to the guidelines herein.

ACU Vehicle Accident Reporting procedures, Accident Forms, and auto Proof of Insurance cards will be maintained in all university-owned and leased vehicles.

All vehicle accidents must be reported to the Office of Risk Management at 325-674-2363 as soon as possible but not to exceed 24 hours. In the event of a serious injury or fatality, the vehicle operator will notify Risk Management as soon as possible. If the accident occurs outside normal business hours, the vehicle operator will notify ACU Police at 325-674-2911.

In the event of an accident, the vehicle operator will accomplish the following actions.

A. PRIMARY ACTIONS

1. Immediately **call 9-1-1** to request applicable response (EMT, fire department, police)
2. Attempt to determine the status of injured and provide assistance
3. Do **not** move person(s) unless it is life threatening
4. Do **not** move vehicle(s) unless it is more dangerous to leave it where it is or if directed by fire department or law enforcement personnel to do so

B. SECONDARY ACTIONS

1. Notify ACU Police 325-674-2911
2. Obtain the necessary information and fill out the Vehicle Accident Report, [Attachment 2](#)
3. Express **no** opinion as to who was at fault
4. Give no information except as requested by law enforcement officers
5. Do **not** sign a statement for anyone except a law enforcement officer

Please contact the Risk Management office at 325-674-2363 if you have any questions concerning these procedures.

Vehicle Accident Report

Return Form to:
ACU Office of Risk Management
Office: 325-674-2363 / Fax: 325-674-2396 / Email: risk@acu.edu

ACU DRIVER'S INFORMATION

Driver's Name: _____ Phone # _____ DL # _____
Department Name: _____ Supervisor's Name: _____
Vehicle Make/Model: _____ Color: _____ License Plate # _____
Insurance Company: _____ Policy # _____ Phone # _____

OTHER VEHICLE INFORMATION

Driver #1 Name: _____ Phone # _____ DL # _____
Vehicle Make/Model: _____ Color: _____ License Plate # _____
Insurance Company: _____ Policy # _____ Phone # _____

Driver #2 Name: _____ Phone # _____ DL # _____
Vehicle Make/Model: _____ Color: _____ License Plate # _____
Insurance Company: _____ Policy # _____ Phone # _____

ACCIDENT INFORMATION

Date: _____ Time: _____ Police Report: Yes No
Photos Taken: Yes No Taken by: (name/phone #) _____
Street Address/Location: _____ City: _____ State: _____

Describe what happened: _____

Describe other property damaged: _____

MEDICAL INFORMATION

Were there Injured? Yes No (If Yes, complete an Injury Report) 911 Called: Yes No
Notify Risk Management in the event of a serious injury

WITNESS INFORMATION

Witness #1 Name: _____ Phone # _____
Witness #2 Name: _____ Phone # _____

Completed by: _____ Date: _____