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## **Automobile Accident Reporting Instructions and Form**

***THIS FORM IS TO BE USED ONLY BY AUBURN UNIVERSITY EMPLOYEES FOR THE PURPOSE OF REPORTING DAMAGES TO A UNIVERSITY VEHICLE. REPORTS WILL NOT BE ACCEPTED BY THIRD PARTIES. IF YOU ARE A THIRD PARTY THAT NEEDS TO REPORT AN ACCIDENT INVOLVING YOU AND AN AUBURN UNIVERSITY VEHICLE PLEASE CLICK [HERE](#) FOR FURTHER INSTRUCTIONS.***

### ***Procedures for Employees Immediately After an Automobile Accident Occurs***

- Notify local police.
  - If the accident occurred on campus or in the City of Auburn, contact the [City of Auburn Police Department](#) at 501-3100.
  - If the accident occurred in Opelika contact the [City of Opelika Police Department](#) at 705-5200.
  - In all other jurisdictions, please contact the local authorities.
  - [Risk Management & Insurance](#) must have a police report verifying that an accident occurred.
- Do not admit fault, or liability. Do not sign a statement admitting responsibility for damages or injury. Obtain the facts of the situation and gather as much information as possible from the individual(s) involved and any potential witnesses. Information to obtain includes at a minimum: name, address, phone number, vehicle information and insurance information.
- Notify your supervisor immediately and call Risk Management & Insurance on the same day as the accident, or the next business day, at (334) 844-4533.
- The employee's supervisor is responsible for making sure the employee involved in the accident retakes the [Defensive Driving Course](#) within 45 days of the accident.
- The AU driver is responsible for completing the [SR-13](#) as required by the Alabama Department of Public Safety and returning it to ADPS within 30 days.

### ***Procedures for Employees Reporting Damages to a University Vehicle***

- The driver of the AU vehicle and his/her supervisor must complete, sign and submit the "Vehicle Accident Report Form" and send it, along with a copy of the police report, to Risk Management & Insurance. The Vehicle Accident Report Form follows these instructions. This form can be completed online and faxed to (334) 844-4640.
- Many AU vehicles are insured for physical damage coverage with Safeco. If your departmental vehicle carries physical damage coverage, Risk Management & Insurance will contact Safeco and report a claim once you have submitted the Vehicle Accident Report Form and the police report. Safeco will contact Risk Management & Insurance regarding inspection of any AU vehicles for the purpose of estimating damages.
- Damages to AU owned and rented vehicles are subject to a \$1,000 deductible per occurrence. (Department to whom vehicle is assigned is responsible for deductible.)
- If the vehicle is a leased or rented vehicle, notify the rental company immediately.

### ***Procedures for Employees or Third Parties Reporting Damages/Injuries to a Third Party***

- Administration of AU's automobile liability claims is provided by [Cannon Cochran Management Services, Inc. \(CCMSI\)](#). Automobile liability claims are those where AU is legally liable for bodily injury or property damage caused by the use of University automobiles.
- Employees involved in an automobile accident resulting in bodily injury or property damage to a third party should contact [CCMSI](#) on the same day as the accident, or the next business day, to report a claim. This should be done in addition to submitting the Vehicle Accident Report Form and police report to Risk management & Insurance. An adjuster from CCMSI will be assigned to the claim and will contact all involved parties to investigate the claim and for further handling of damages to third party vehicles or injuries resulting from the accident.
- Employees involved in automobile accidents are encouraged to cooperate with Risk Management & Insurance, and CCMSI, to promptly investigate, settle and mitigate the extent of vehicle claims.

### ***Automobile Accidents Involving Injuries to Employees***

- To report a work related injury the employee must contact [CCMSI](#) at (866) 937-0502 within 72 hours of the incident. AU has contracted with CCMSI to provide claim administration of its On the Job Injury program.



# Risk Management & Safety Automobile Accident Report Form

Form should be returned to:  
Risk Management & Safety  
300 Leach Science Center  
Auburn University, AL 36849

Form can also be faxed to:  
(334) 844-4942

Questions? Call: (334) 844-4533

Only employees, faculty, staff, agents or volunteers of Auburn University, should complete this form. *This report is to be completed in the event any of the following vehicles are involved in an accident: (1) any AU-owned vehicle; (2) any employee-owned vehicle used on official AU business; and (3) any vehicle rented or leased by or for AU business.* The supervisor of the AU driver is responsible for seeing that this form is completed. This is a **CONFIDENTIAL** report. Under no circumstances should information be given to anyone except authorized AU officials. **Please include a police report with this form if available.**

<b>1. Date of Accident</b>	<b>2. Time of Accident</b> AM          PM	<b>3. Date Report Prepared</b>
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## DRIVER INFORMATION

Auburn University Vehicle		Other Vehicle or Property (Including Pedestrians)	
Occupied	Unoccupied	Occupied	Unoccupied
<b>4. Driver's Name</b>	<b>5. Date of Birth</b>	<b>15. Driver's Name</b>	<b>16. Date of Birth</b>
<b>6. Driver's Home Address</b>	<b>7. Home Phone</b>	<b>17. Driver's Home Address</b>	<b>18. Home Phone</b>
<b>8. Driver's Work Address</b>	<b>9. Work Phone</b>	<b>19. Driver's Work Address</b>	<b>20. Work Phone</b>
<b>10. Driver's Title</b>	<b>11. Cell Phone</b>	<b>21. Other Driver a University Employee?</b> Yes          No	<b>22. Cell Phone</b>
<b>12. Driver's Department</b>	<b>13. License Number</b>	<b>23. Vehicle owner's name and address if different than driver:</b>	
<b>14. Check all of the following that apply:</b> Driver was:  <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Student Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Other (Please explain)		<b>24. Insurance Information</b> Insurance Company: Phone Number: Agent or Adjuster's Name: Policy or Claim Number:	

## INJURY INFORMATION

Name and Address of Injured Person(s)	Phone Number	AU Vehicle	Other Vehicle	Pedestrian
<b>25.</b>				
<b>26.</b>				

## ACCIDENT INFORMATION

<b>27. Place of Accident (street names, city, state; if on a highway, give number and nearest community)</b>			
<b>28. Police Called?</b> Yes      No	<b>29. Police Agency</b>	<b>30. Case Number</b>	<b>31. Police Officer's Name</b>
<b>32. Was a citation issued as a result of accident? If so, to whom issued and for what reason?</b>			
<b>33. Give a brief description of the accident (speed, traffic, road conditions, seat belts, signals, etc.)</b>			

## LOSS INFORMATION

University Vehicle		Other Vehicle or Property	
State Vehicle	Rented Vehicle	Vehicle	Property
<b>34. Year, Make &amp; Model of Vehicle</b>	<b>35. License Tag &amp; State</b>	<b>41. Year, Make &amp; Model of Vehicle</b>	<b>42. License Tag &amp; State</b>
<b>36. Vehicle Identification Number</b>	<b>37. Permission to use?</b> Yes      No	<b>43. Vehicle Identification Number</b>	<b>44. Property only?</b> Yes      No
<b>38. Describe Damage to Vehicle:</b>		<b>45. Describe Damage to Vehicle or Property:</b>	
<b>39. Was vehicle towed?</b> Yes      No	<b>40. Towed Where?</b>	<b>46. Was vehicle towed?</b> Yes      No	<b>47. Towed Where?</b>
<b>48. Supervisor's Name</b>	<b>49. Supervisor's Title</b>	<b>50. Supervisor's Signature</b>	
<b>51. Employee's Name</b>	<b>52. Employee's Title</b>	<b>53. Employee's Signature</b>	