

# UNIVERSITY of INDIANAPOLIS

## *Office of Risk Management*

### **Vehicle Incident Investigation Form**

The form will be used to track the incident and give the Office of Risk Management contact information and the ability to inform the Insurance Company. Your safety is our first concern. Please get yourself to a safe place and contact the proper authorities before you complete this form.

What to do if you've been in an accident:

1. Obtain medical aid for any injured persons – Call 911.
2. Notify police – Call 911.
3. Notify your supervisor. UIndy Switchboard 317-788-3368
4. Obtain Information from other involved parties and witnesses:
  - Names
  - Addresses
  - Telephone Numbers
  - Vehicle Descriptions and License Numbers
  - Insurance Companies of third parties (name, address & telephone of the company)
5. Complete the form below & route it to the Office of Risk Management:  
Email to [risk@uindy.edu](mailto:risk@uindy.edu)

If possible, as soon as permissible, please take photos of incident to turn in with investigation form.

#### **Vehicle (UIndy Owned Vehicle or Rental Car):**

Date & Time of Incident \_\_\_\_\_ Location of Incident \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Driver's License #/State \_\_\_\_\_ Vehicle Year/Make/Model \_\_\_\_\_

Vehicle License # \_\_\_\_\_ VIN \_\_\_\_\_ UIndy Department & Phone \_\_\_\_\_

Describe Official UIndy Business \_\_\_\_\_ Police Notified? \_\_\_\_\_

Report # \_\_\_\_\_

Description of Damage \_\_\_\_\_ Where can Vehicle be seen? \_\_\_\_\_

Description of Incident \_\_\_\_\_

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**Third Party Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Vehicle Year/Make/Model \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Description of Damage \_\_\_\_\_

Damage Location on Vehicle \_\_\_\_\_

**Please submit completed form to the Office of Risk Management at**

University of Indianapolis  
1400 E. Hanna Avenue | Indianapolis, IN 46227  
**risk@uindy.edu**