When reporting this accident, you will need information specific to the incident.

Complete the Driver’s Report of Accident in this brochure, and follow the reporting instructions listed on the back of your Insurance identification card.

1. Take the precautions necessary to protect the scene of the accident from further accidents.

2. Call the appropriate law enforcement. If someone is injured, request medical assistance. If fire is involved, request Fire Department aid.

3. Answer Police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.

4. Complete the DRIVER’S REPORT OF ACCIDENT portion of this brochure. You will need this information later for state and insurance reports.

5. As soon as possible, report accident to the supervisor and to the Office of Institutional Risk Management, Tammy Downs, at 256-1102 between 8am to 5pm. If the accident occurs after business hours between 5pm to 8am you may call St. Paul’s Traveler’s Insurance at 1-800-832-7839 to start claim process.

Published in the interest of safety by
Travelers Insurance and UNCG Institutional Risk Management
St. Paul’s Travelers Insurance Co.
Traveler’s Insurance Claims
P.O. BOX 473501
Charlotte, NC 27605
## DRIVER'S REPORT OF ACCIDENT

### ACCIDENT INFORMATION

**Date of Accident**

**Time of Accident** □ A.M. □ P.M.

**Place of Accident (St. OR HIGHWAY, CITY OR TOWN & STATE)**

### DESCRIPTION OF ACCIDENT

### WITNESSES

It is important to get as many as possible!

<table>
<thead>
<tr>
<th></th>
<th>NAME</th>
<th>TELEPHONE NO.</th>
<th>ADDRESS</th>
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### POLICE INVESTIGATION

**WERE POLICE NOTIFIED?** □ YES □ NO

**POLICE** □ CITY □ STATE

**POLICE REPORT NO.**

**POLICE OFFICER'S NAME**

**BADGE NO.**

**WAS ANYONE CONVICTED?** □ NO □ YOU □ OTHER DRIVER

### YOUR VEHICLE INFORMATION

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>PLATE NO.</th>
<th>STATE</th>
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**VIN (VEHICLE ID NO.)**

**COLOR**

**OWNER OF VEHICLE**

**OWNER'S ADDRESS**

**DRIVER'S NAME**

**TELEPHONE**

**ADDRESS**

**AGE**

**SOC. SEC. NO.**

**DRIVER'S LICENSE NO.**

**STATE**

### DESCRIPTION OF DAMAGE

### OTHER VEHICLE INFORMATION

**DRIVER'S NAME**

**TELEPHONE**

**ADDRESS**

**AGE**

**SOC. SEC. NO.**

**DRIVER'S LICENSE NO.**

**STATE**

### INJURED PERSONS

<table>
<thead>
<tr>
<th></th>
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**SOC. SEC. NO.**

**OCCUPATION**

**INJURED WAS** □ DRIVER □ PASSENGER □ IN OTHER VEHICLE □ PEDESTRIAN

**DISCRIPTION OF INJURY**

### DAMAGE TO PROPERTY

**OWNER'S NAME**

**TELEPHONE NO.**

**ADDRESS**

**DAMAGED PROPERTY**

**EXTENT OF DAMAGE**

**LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)**

### POLICE INVESTIGATION

**WERE POLICE NOTIFIED?** □ YES □ NO

**POLICE** □ CITY □ STATE

**REPORT NO.**

**POLICE OFFICER'S NAME**

**BADGE NO.**

**WAS ANYONE CONVICTED?** □ NO □ YOU □ OTHER DRIVER