

# Transportation Services Vehicle Damage Report

UC Vehicle # \_\_\_\_\_ Sedgwick 1-800-416-4029 Claim # \_\_\_\_\_

## UNIVERSITY DRIVER AND VEHICLE INFORMATION

NAME \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OPERATOR'S LICENSE \_\_\_\_\_ DOB \_\_\_\_\_

DEPT. PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_  
Staff

\_\_\_\_\_  
Faculty

\_\_\_\_\_  
Student

\_\_\_\_\_  
Other

DEPARTMENT \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

## OTHER DRIVER AND VEHICLE INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OPERATOR'S LICENSE \_\_\_\_\_ STATE \_\_\_\_\_ DOB \_\_\_\_\_

PHONE \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY \_\_\_\_\_

ADDRESS \_\_\_\_\_

## VEHICLE:

VEHICLE # \_\_\_\_\_ VEHICLE LICENSE \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

Describe damage to university vehicle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VEHICLE:

VEHICLE LICENSE PLATE \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

Describe damage to vehicle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT:** \_\_\_\_\_

Date / Time / Location of Accident

## WITNESSES/PASSENGERS:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**REPORTED TO:** \_\_\_\_\_ UCSB Police \_\_\_\_\_ CHP \_\_\_\_\_ Local Police \_\_\_\_\_ Sheriff \_\_\_\_\_

CASE # \_\_\_\_\_

Diagram of accident

↑ N

① UC Vehicle    ② Other Vehicle    ③ Witness    ④ Witness

Describe what occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_