

**REGENT INSTITUTIONS  
BOARD OF REGENTS, STATE OF IOWA  
VEHICLE ACCIDENT REPORT**

---

*Vehicle Accident Reporting Procedures*

---

1. **STOP** - Do not leave the scene of the accident.
2. Render aid or assistance to the injured (Section 321.263, Code of Iowa).
3. Notify the nearest law enforcement agency immediately if the accident involves a fatality, injury, or property damage. If the accident occurs on campus, please contact the Department of Public Safety at your institution:

Iowa State University  
(515) 294-4428

The University of Iowa  
(319) 335-5022

The University of Northern Iowa  
(319) 273-2712

4. Do not admit fault and do not attempt to settle your own claim.
5. If the accident involves another party, complete the Accident Information Exchange.
6. Be sure to obtain names, addresses, and phone numbers of any passengers or witnesses.
7. Complete the Vehicle Accident Report form. Answer all questions.

8. Return the completed form to:

Iowa State University  
Transportation Services  
919 Haber Road  
Ames, IA 50011

The University of Iowa  
Risk Management  
430 Plaza Centre One  
Iowa City, IA 52242

The University of Northern Iowa  
Transportation Services  
Facilities Management  
Cedar Falls, IA 50614

9. Notify your supervisor.

**If you have questions, please call Risk Management**

Iowa State University  
Office of Risk Management  
1700 Administrative Services Building  
2221 Wanda Daley Drive  
Ames, IA 50011  
Ph: (515) 294-7711  
Email: [claims@iastate.edu](mailto:claims@iastate.edu)

The University of Iowa  
Risk Management  
430 Plaza Centre One  
Iowa City, IA 52242  
Ph: (319) 335-0010  
Email: [risk-management@uiowa.edu](mailto:risk-management@uiowa.edu)

The University of Northern  
Risk Management  
3219 Hudson Rd  
Cedar Falls, IA 50614-0197  
Ph: (319) 273-3189  
Email: [safety@uni.edu](mailto:safety@uni.edu)

**Board of Regents, State of Iowa**  
**ACCIDENT INFORMATION EXCHANGE**

Regents Driver: Please complete the bottom half of this form and give to the other party. Have the other party complete the top half of this form and give to you.

**Other Vehicle Information**

Driver's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Driver License No./State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address. \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Type of Vehicle (Pass. Car, Truck, etc.) \_\_\_\_\_ Mileage \_\_\_\_\_

Year, Make, Model, License Plate No. \_\_\_\_\_

Names and Addresses of Passengers/Witnesses \_\_\_\_\_

-----

**Regent Driver/Vehicle Information**

Names \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver License No./State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Vehicle (Pass. Car, Truck, etc.) \_\_\_\_\_ Mileage \_\_\_\_\_

Year, Make, Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Board of Regents' institutions are agencies of the State of Iowa and are self-insured for motor vehicle liability.**

If you have any questions, please contact:

Iowa State University  
Office of Risk Management  
1700 Administrative Services Building  
2221 Wanda Daley Drive  
Ames, IA 50011  
Ph: (515) 294-7711  
Email: [claims@iastate.edu](mailto:claims@iastate.edu)

The University of Iowa  
Risk Management  
430 Plaza Centre One  
Iowa City, IA 52242  
Ph: (319) 335-0010  
Email: [risk-management@uiowa.edu](mailto:risk-management@uiowa.edu)

The University of Northern Iowa  
Risk Management  
3219 Hudson Rd  
Cedar Falls, IA 50614-0197  
Ph: (319) 273-3189  
Email: [safety@uni.edu](mailto:safety@uni.edu)

# VEHICLE ACCIDENT REPORT

## Board of Regents, State of Iowa

Do Not Write In This Box  
Fleet File No.

Regents Institution:     Iowa State University                       University of Iowa                       University of Northern Iowa  
                                   Iowa School for the Deaf                       Iowa Braille and Sight Saving School

### TIME AND LOCATION OF ACCIDENT

Accident Date (Mo/Day/Year)		Day of Week	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Vehicles
City	State	At (Street Address, Intersection, Highway, or Parking Lot Name/Number)			<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus
Were the police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Department/Agency	Investigating Officer		Case No.
Were charges filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Against whom?	Describe violation (attach copy of the charge)		

### NO. 1 (REGENTS VEHICLE)

UI Driver/Reporter (Last, First, MI)		Date of Birth	Leased vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Valet Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License No./State
Home Address		City/State/Zip			Home Phone#
Work Phone #	Department		Job Title		No. of Occupants
License Plate Number	VIN	State of Reg.	Vehicle Year, Make, Model		
Damage Estimate \$	Describe Vehicle Damage				

### NO. 2 (OTHER VEHICLE)

Driver's Name (Last, First, MI)		Date of Birth	Leased vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Valet Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License No./State
Street Address		City/State/Zip		Home Phone#	Work Phone#
Type of Vehicle	Make	Model	Year	License Plate No.	State of Registration    No. of Occupants
Owner's Name		Street Address		City/State/Zip	Phone Number
Insurance Company Name/Agent's Name			Address and Phone Number		
Damage Estimate \$	Describe Vehicle Damage				

### PROPERTY DAMAGED OTHER THAN VEHICLE (*Fence, utility pole, etc.*)

Owner's Name	Street Address	City/State/Zip	Phone Number
Property Damage			

### INJURED PERSONS (*Attach additional sheets if necessary*)

Contact information (Name, Address, Phone Number)	Describe Injuries	Treated at scene    Yes    No
		Taken to ER        Yes    No
		Treated at scene    Yes    No
		Taken to ER        Yes    No

**PASSENGER IN REGENTS VEHICLE** (Attach additional sheets if necessary)

Contact information (Name, Address, Phone Number, Email)

**WITNESS** (Attach additional sheets if necessary)

Contact information (Name, Address, Phone Number, Email)

**ACCIDENT INFORMATION**

Did you signal a turn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by...	<input type="checkbox"/> Signal Light <input type="checkbox"/> Hand Signal	Which direction?	<input type="checkbox"/> Left <input type="checkbox"/> Right
Was your seatbelt fastened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speed before accident?			
Were headlights and taillights burning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were safety warning lights burning?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**ACCIDENT DESCRIPTION**

**Accident** (Please note any contributing factors, e.g. weather, road construction, etc.)

---



---



---



---



---



---



---



---



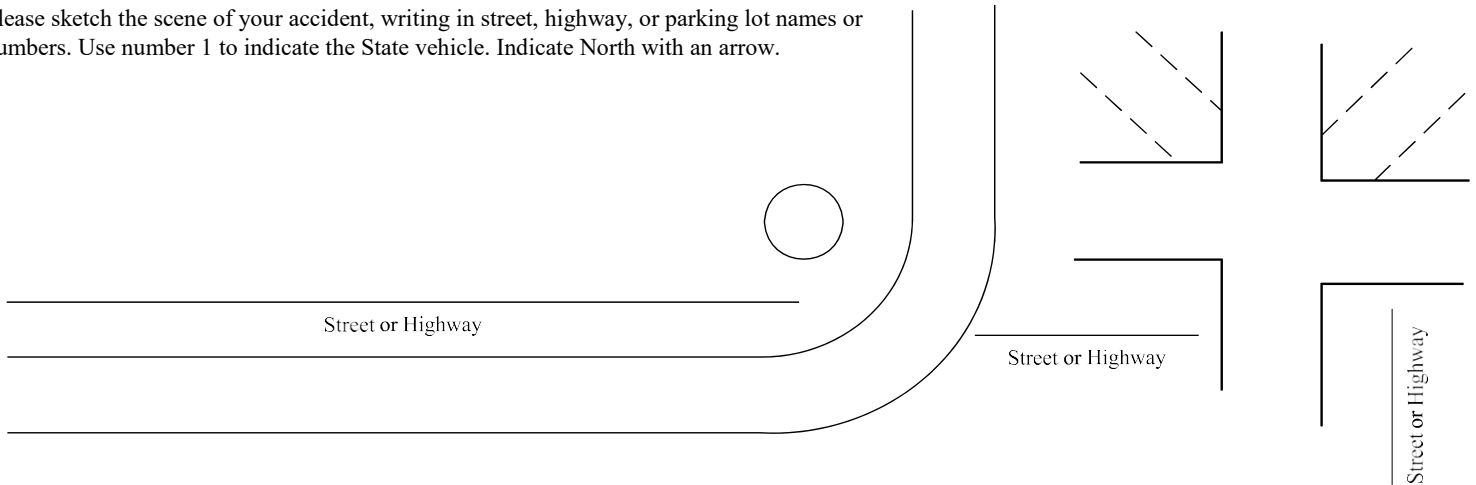
---



---

**Complete Diagram Below**

Please sketch the scene of your accident, writing in street, highway, or parking lot names or numbers. Use number 1 to indicate the State vehicle. Indicate North with an arrow.



Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Contact Information/Email or Cell Phone \_\_\_\_\_