

Thumbnail Guide

1. In case of an accident and when there are injuries, call 911. Proper medical care should be provided to those that need it.
2. Take whatever steps are necessary to prevent further injury or damage to property.
3. Gather information from any other parties involved in the accident:
 - Name and Contact Information of all parties including insurance information
 - Description of what happened
 - When/Where it happened
 - Police report information and the names of responding officers
 - Describe injuries and whether anyone was taken to a hospital
4. Immediately report the incident to your supervisor/coach and make certain to advise the Risk Management Department (554-4397).
5. If you need a repair of a flat tire, emergency fuel, or any other roadside assistance, call National Auto Club at 1-800- 622-2136 and use the SCU account number 9001450 .
6. University Insurance information: United Educators Insurance, Policy No. BLX201400051100, Adjuster - Crawford & Co, 408-554-4397



Santa Clara University

University Insurance Information:
United Educators Insurance
Policy No. BLX201400051100
Adjuster - Crawford & Co

University Risk Management Department
University Finance Office
500 El Camino Real
Santa Clara, CA 95053
Phone: 408-554-4000
E-mail: sflorio@scu.edu or mmoses@scu.edu



Santa Clara University

*Emergency
Procedures*

*Accident and
Breakdown
Instructions*

I just had an accident—what now?

Santa Clara University is insured for liability for accidents involving SCU-owned, leased and rented vehicles, provided the vehicles are being used within the scope of employment or with permission of the University. This brochure can be used as a guide to make certain you get all information needed. Use the spaces provided and supplement with additional pages as needed. At this point, only the basics are needed but everything reflected here is important. Return to your supervisor or coach immediately upon your return to campus and make certain to contact the University Risk Management Department.

Vehicle Accident Report What Information is Needed?

Please Print.

Record the date/time/location of the Accident

Date: _____ Time: _____

Location (include Address, City, County, Intersection, etc.)

University Vehicle Info:

Year: _____ Make: _____ Model: _____

License #: _____ Department: _____

Supervisor/Coach: _____

Name of Driver: _____

Driver's Lic: _____

Relation to SCU: Faculty /Staff /Student

Why did you have the vehicle? _____

Specify Damage (Where & Type) _____

If Police Report: Name of Agency: _____

Name of Officer: _____

Badge Number: _____ Case Rpt No. _____

If the vehicle was towed, where did it go? (Name/
Phone Number) _____

Other Vehicle/Property Info

Driver Name: _____

Driver's Lic: _____

M/F DOB: _____

Address: _____

Phone #: _____

Insurance Co: _____

Policy #: _____

Vehicle: Yr: _____ Make _____

Model: _____ License# _____

Describe Damage: _____

Describe Injuries (if any): _____

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