



IN CASE OF ACCIDENT...

Follow these directions:

1 AID THE INJURED

Do not move injured individuals unless absolutely necessary! Warn other drivers.

2 CALL THE POLICE

Give exact location and advise if medical help is needed. Write down the name and badge numbers of police officers who assist you.

LOCATION OF ACCIDENT

CITY STATE

NAME OF OFFICER BADGE #

WAS SUMMONS ISSUED? TO WHOM

3 RECORD FACTS ABOUT LINCOLN UNIVERSITY OPERATED VEHICLE

Take photos if safe to do so. Complete all information concerning LU-operated vehicle.

DATE OF ACCIDENT TIME AM PM

DEPARTMENT/DIVISION/SECTION

DRIVER'S NAME SOCIAL SECURITY #

STREET ADDRESS

CITY STATE PHONE

YEAR OF VEHICLE/MAKE/MODEL LICENSE PLATE NO.

NATURE OF DAMAGE

4 OBTAIN FACTS ABOUT OTHER VEHICLE

It is important to get the name and address of other driver(s) involved.

1) NAME PHONE
STREET ADDRESS
CITY STATE ZIP
YEAR OF VEHICLE/MAKE/MODEL LICENSE PLATE #
INSURANCE COMPANY
NATURE OF DAMAGE

2) NAME PHONE
STREET ADDRESS
CITY STATE ZIP
YEAR OF VEHICLE/MAKE/MODEL LICENSE PLATE #
INSURANCE COMPANY
NATURE OF DAMAGE

5 OBTAIN FACTS ABOUT INJURED PERSONS

It is important to get the name, age, address and nature of injury of anyone injured.

1) NAME AGE
STREET ADDRESS PHONE
CITY STATE ZIP
INJURED WAS:
☐ IN MY VEHICLE ☐ IN OTHER VEHICLE ☐ PEDESTRIAN

6 RECORD FACTS ABOUT OTHER PROPERTY DAMAGE (Non-Vehicular)

Complete all information concerning damage to other property (fences, mailboxes, etc.).

OWNER PHONE
STREET ADDRESS
CITY STATE ZIP
OBJECT DAMAGED
NATURE OF DAMAGE

7 GET WITNESSES

Get the name and address of all available witnesses to the accident.

1) NAME PHONE
ADDRESS
CITY STATE ZIP

8 CALL PURCHASING (573) 681-5415 or email purchasing@lincolnu.edu

Within 24 hours of the accident.

9 DON'T COMMENT

Do not make any statement concerning the assumption of liability. Give out only that information required by authorities. Do not sign any statement except for an authorized representative of the Risk Management Section.