Appendix 1  What You Should Do if You Have an Auto Accident

DO NOT ADMIT FAULT FOR THE ACCIDENT—REGARDLESS OF THE CIRCUMSTANCES

POLICE
• Call the police (911) if someone was injured or if the damage to any vehicle involved is extensive
• Call the police (911) if your vehicle was stolen
• Call the police (911) if you need their help

PROVIDE THIS INFORMATION TO OTHER PARTIES
• Your name and how you can be contacted at WVU
• WVU auto insurance policy number is CA 7742274
• WVU insurance company is National Union Fire Insurance Co. of Pittsburgh, PA
• WVU contact information – Michael J. Gansor, Risk Manager, (P) 304-293-8441, (F) 304-293-6856, PO Box 6209, Morgantown, WV 26506-6024

OBTAIN THIS INFORMATION FROM OTHER PARTIES
Make of vehicle____________________Year of vehicle_______Plate # and state________________________
VIN___________________________________ Driver’s Name_______________________________
Driver’s address__________________________________________
Phone # Home __________________ Work ___________________ Cell____________________________
Describe damage to their vehicle_________________________________________________________________________________

Name of their insurance company__________________________Policy number__________________________
Policy number__________________________Name of their insurance agent__________________________
Phone number of their insurance agent__________________________

PERSONS INJURED
Name___________________________Age_______ Name_____________________________ Age ______
Address ___________________________________ Address ____________________________________
Ph # Primary________________ Alternate________________ Primary________________ Alternate________________
Describe injuries ____________________________________________________________

WITNESSES
Name (#1) _________________________________ Name (#2) ___________________________________
Address     _________________________________  Address     ___________________________________
Ph # Primary________________ Alternate________________ Primary________________ Alternate________________

WVU VEHICLE
Make of vehicle______________________Year of vehicle______________Plate # _____________________
VIN_____________________________________ Driver’s name___________________________________
Describe damage to vehicle_________________________________________________________________________________

POLICE INVESTIGATION
Police department _________________________________________________________________
Police department location __________________________________________________________
Police department phone # __________________________________________________________
Officer’s name _________________________________________________________________
Incident report # _________________________________________________________________

DATE, TIME, PLACE of ACCIDENT
Date__________________ Time ___________ City ______________________ State __________________
Street or highway _________________________________________________________________
Intersection _________________________________________________________________
Other landmarks _________________________________________________________________

DAMAGE TO OTHER PROPERTY (not vehicles)
Type of property (fence, utility pole, etc.) _____________________________________________
Property owner if known __________________________________________________________
Property owner address ___________________________________________________________
Property owner phone # Home ____________ Work______________ Cell _______________________
Describe damage ______________________________________________________________________

OTHER THINGS TO DO
Immediately Report Incident To:
• Risk Management (304-293-8441) will make sure the proper claim is filed (if any) as quickly as possible.
• Immediate Supervisor
• If applicable, Enterprise Rental Agency (For after-hour and weekend accidents call Enterprise Roadside Assistance 1-800-307-6666)
• FOR ALL INCIDENTS - complete an incident report found on the WVU EH&S website: http://www.ehs.wvu.edu/workplace-safety/injury-illness
• Medical Management if you are injured as a result of the incident (304-293-5700x8).

Complete a Loss Notice (found on the WVU Risk Management site under WVU Forms) according to the details of the incident and forward this to Risk Management via email at mike.gansor@mail.wvu.edu or fax to 304-293-6856.