



**LARAMIE COUNTY  
COMMUNITY COLLEGE**

## Vehicle Accident Report Form

### When an accident occurs:

*Keep In Glove Box*

First Steps:	Do Not Say:	While Still At the Scene:
<ul style="list-style-type: none"><li>• Remain Calm</li><li>• Get to a safe place</li><li>• Check for injuries</li><li>• Administer First Aid</li><li>• Call police/EMT</li></ul>	<ul style="list-style-type: none"><li>• It's all my fault (even if it is).</li><li>• My insurance will pay for everything.</li><li>• It's okay, I have full coverage</li></ul>	<ul style="list-style-type: none"><li>• Get as much information as possible on this report.</li><li>• Take pictures</li><li>• When the police come, cooperate and tell them what you know.</li></ul>

Whenever a College vehicle sustains damage, of any kind, or is involved in an accident, which results in personal injury or property damage, this accident report form must be completed as soon as possible by the driver, and must be presented, in person, to the Risk Manager in the LCCC Administration Building, 1400 E. College Dr., Cheyenne, WY 82007 (phone 307-778-1153). The driver also needs to notify LCCC Security (307-778-1122/1340).

### Accident Details:

Day/Date/Time a.m./p.m.	
Location/Street Address/ Highway Marker	
Weather/Road Conditions	
Accident Details	

### Damage Descriptions:

College Vehicle	Other Vehicle
Towing Company Name & Phone No.:	Towing Company Name & Phone No.:

College Vehicle	Other Vehicle
License Plate No.:	License Plate No.:
Year/Make/Model:	Year/Make/Model:
VIN:	VIN:
Driver Name:	Driver Name:
Passenger Name/Phone:	Passenger Name/Phone:
Passenger Name/Phone:	Passenger Name/Phone:
Passenger Name/Phone:	Passenger Name/Phone:
Passenger Name/Phone:	Passenger Name/Phone:
Passenger Name/Phone:	Passenger Name/Phone:
<b>Driver's Information</b>	<b>Driver's Information</b>
Name:	Name:
Phone No.:	Phone No.:
Driver's License No.:	Driver's License No.:
License State:	License State:
<b>Insurance Company Information</b>	<b>Insurance Company Information</b>
Insured Name: <b>Laramie County Community College</b>	Insured Name:
Insurance Co.: <b>Charter Oak Fire Insurance Co.</b>	Insurance Co.:
Policy No.: <b>8103579M341</b>	Policy No.:
Agent/Agency Name: <b>Hub Int'l. Mountain States Ltd.</b>	Agent/Agency Name:
<b>Police Report Information</b>	
Responding Department:	
Officer's Name:	
Badge No.:	
Police Report No.:	

**Sketch the Accident Scene on the Back of this Sheet:**