

# REPORT ALL ACCIDENTS IMMEDIATELY

---

Date and Time of Call: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Claim Processor: \_\_\_\_\_

Accident Report Number: \_\_\_\_\_

## SECURE THE SCENE

- Stop, turn on your emergency flashers and shut down your vehicle. **DO NOT** move your vehicle until the police arrive and instruct you to do so.
- Set out warning devices; **protect the scene**. Assist the injured but do not move anyone unless they are in danger of drowning or burning; wait for medical assistance.

## NOTIFY THE AUTHORITIES

- Call the police and your company; request medical assistance if needed. (Use a phone or CB or ask a passerby to make a call for you.)
- Contact Insurance provider to report accident.
- Stay at scene. Be polite and courteous. **Do not admit guilt or apologize.**

## DOCUMENT THE ACCIDENT

- If the other driver admits fault, ask them to complete the “**Exoneration Document**”.
- Give your name, address, company name and address, vehicle license number, operators license and insurance information to the police and other party involved.
- Fill in the **Accident Report** at the scene and if possible, **take pictures** of the general scene, the vehicles, and your cargo.
- Don't sign anything or make any statements except to the police, your company, or your insurance provider.
- Secure your vehicle from theft and further damage; remain at the scene until all requirements are met.
- Review Post-Accident Alcohol and Controlled Substances Testing Requirements - FMCSR 382.303**

**Notify your Compliance/Safety Director Immediately**

## DRIVER & VEHICLE INFORMATION

Company/Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Truck/Tractor #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

VIN: \_\_\_\_\_

Trailer #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

VIN: \_\_\_\_\_

## COMPANY VEHICLE - OTHER OCCUPANTS

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INJURED PERSON(S)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

## DAMAGE TO PROPERTY - (Other than vehicle)

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

What property is damaged? \_\_\_\_\_

## WITNESSES

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## THE ACCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**#2 Driver's Name:** \_\_\_\_\_

License No. \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle License No. \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**#3 Driver's Name:** \_\_\_\_\_

License No. \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle License No. \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Police Department:** \_\_\_\_\_

Officer: \_\_\_\_\_ Badge #: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Was anyone given a citation or arrested? \_\_\_\_\_

If yes, what was the charges? \_\_\_\_\_

Did Police make a report? Yes or No Report #: \_\_\_\_\_

Did Police take photos? Yes or No

### Accident Diagram

Indicate below the paths of travel and points of collision

**N** ( ) Draw an arrow to show North

**ROAD SURFACE** (Concrete, Gravel, Blacktop etc.) \_\_\_\_\_

**ROAD CONDITIONS** (Dry, Snowy, Wet, Icy etc.) \_\_\_\_\_

**WEATHER CONDITIONS** (Fair, Raining, Fog etc.) \_\_\_\_\_

**LIGHT CONDITIONS** (Daylight, Dark, Dusk etc.) \_\_\_\_\_



Page Intentionally Left Blank



Page Intentionally Left Blank



