

TO PASSENGERS AND OTHERS

My employer requires that I report details of all accidents. If you witnessed this one, please assist me by writing your name below. Write a brief description of your version of the accident on the reverse side, even if you consider me at fault.

Name _____

Home Address _____ Tel. _____

Business Address _____ Tel. _____

Date _____ 20 _____

ACCIDENT DIAGRAM

Show names of streets, locations of vehicles, travel directions of vehicles, and prominent objects. Clearly indicate the direction of North.

INSTRUCTIONS:

1. Use solid line to show path of vehicle before accident. _____
2. Use dotted line to show path of vehicle after accident.
3. Number each vehicle and show direction of travel with an arrow. _____ 1
4. Show pedestrians with an X.

Provided compliments of:



Police Officer Information Accident Report Number

Officer Name(s) & Badge Number(s)

3005 (1-14)

ACCIDENT REPORT FORM

Keep this form in your vehicle.
Complete the report in case of accident
and return promptly to:

DRIVER'S RESPONSIBILITY

Any driver involved in a traffic accident is responsible for completing an accident report. Following an accident, the driver must contact the Fleet Manager and collect all information requested on the accident report form. Even minor incidents should be brought quickly to management's attention in order to protect against potential claims.

Your accident report and conduct at the accident scene is very important. What is said and done at the accident scene can either help or hinder the successful settlement of an accident case. All drivers must know and understand what to do and say, and be equipped to handle situations as they arise.

The following steps should be taken at the scene of a traffic accident in which you are involved:

1. Stop the vehicle immediately and shut off engine. Failure to stop at the scene of an accident in which you are involved is a criminal offense which may subject you to the penalty of the law in addition to disciplinary action by your employer.
2. Turn on the 4-way flashers and (if available) set out emergency markers (reflectors or flares) in accordance with DOT regulations — one marker 100 feet in each direction from the scene and one near the scene. If the accident occurs near a curve or hill crest, set the markers further away, but not further than 500 feet from the scene.
3. Assist any injured person, but DO NOT move them unless absolutely necessary to prevent further injury (i.e., from fire). Keep any injured person as warm and quiet as possible while waiting for the arrival of emergency personnel.
4. See that help, such as police and ambulance are summoned to the scene.
5. If you are the victim of a hit-and-run, or if the other party of an accident refuses to remain at the scene or give you information, notify the police and give them all the details you can. This way, your report is kept on the police log and protects you if the other party tries to make a claim against you at a later date.
6. Be polite. Provide only the information on your drivers license and the insurance card in your accident packet. Do not offer information concerning the accident to anyone except the police.
7. Complete the accident report form and return it to the Fleet Manager as promptly as possible. The following information must be recorded.

THE ACCIDENT

Date: _____ Hour: _____ A.M.
 P.M.

Location: _____

On which side of the street were you? _____

Driving which way? _____

How far from curb? _____

Did you sound horn? Yes No

Were your lights lit? Yes No

Condition of weather: _____

Road conditions: _____

Describe how accident occurred: _____

DAMAGE TO PROPERTY OF OTHERS

Name of owner: _____

Address: _____

Name of driver: _____

Address: _____

Driver's License No.: _____

Nature of Damage: _____

Name of owner: _____

Address: _____

Name of driver: _____

Address: _____

Driver's License No.: _____

Nature of Damage: _____

INJURED PERSONS

Name: _____

Address: _____

Nature of injuries: _____

Where taken after accident: _____

By Whom: _____

Attending Physician: _____

Address: _____

Name: _____

Address: _____

Nature of injuries: _____

Where taken after accident: _____

By Whom: _____

Attending Physician: _____

Address: _____
