Date & Time of Accident: _______________________________________________________

Place of Accident: ____________________________________________________________

Police Department to whom reported: _____________________________________________

Police Report Number: __________________________________________________________

Describe briefly what happened: _________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Accident Checklist:

☑ Prevent further damage and/or injuries. Turn on warning signals and move out of traffic if possible. Help the injured.

☑ Call local police department

☑ Call manager or supervisor

☑ Take pictures
  - All sides of all vehicles
  - Close-ups of damaged areas
  - Roadway markings, skid marks, traffic signals, debris
  - Vehicle interiors, incl seat-belts and air bags
  - All drivers & passengers

☑ Be courteous and cooperative.
  Do not apologize or admit fault.

☑ Do not discuss accident or sign any papers with anyone except for your employer, a police officer or your insurance representative.

☑ Complete this accident reporting form and turn into your employer or supervisor along with the police report and pictures ASAP!
Your Vehicle:

Name of Insured:_____________________________________________________________
Year, Make and Model of your vehicle:____________________________________________
Serial number of your vehicle:___________________________________________________
Driver's name, address, phone # and email:_______________________________________
Damage to your vehicle:________________________________________________________
_________________________________________________________________________

Other Vehicle:

Owner's Name, address, phone number and email:________________________________
Year, Make and Model of vehicle:________________________________________________
Damage to other vehicle:_______________________________________________________
Driver's name, address, phone # and email (if different than owner):___________________
Is other vehicle insured?_________Provide name of Insurance Co & Policy #____________
_________________________________________________________________________

Persons Injured

Name, address, phone and email of injured:________________________________________
Nature of Injuries:____________________________________________________________
Where was injured person taken & by whom:_______________________________________
_________________________________________________________________________

Name, address, phone and email of injured:________________________________________
Nature of Injuries:____________________________________________________________
Where was injured person taken & by whom:_______________________________________
_________________________________________________________________________

Other

List name, address, phone and email of any witnesses or any other miscellaneous notes or com-
ments here:_________________________________________________________________
_________________________________________________________________________