

VEHICLE ACCIDENT REPORT FORM

**On the other side of this report,
describe what happened.**

AFTER AN ACCIDENT, FOLLOW THESE STEPS:

Stay calm, park safely and set out warning devices.

- = Assist injured parties, but do not move the injured unless absolutely necessary. If you cannot leave the scene, fill in the Emergency Telephone Aid information below and give to a passing motorist.
- = Identify yourself and your company. Supply operator number, license number and registration if asked.
- = Do not discuss the accident with other driver(s) or witnesses.
- = Ask all witnesses to give witness information.
- = Follow your company policy regarding accidents and company procedures.
- = Comply with all legal paperwork, such as this accident report. Get copies and return to employer with this kit.
- = Document the accident with photographs taken from all four sides, include any road or weather conditions. Use all the film. Take pictures of license plates

SCENE INFORMATION

To be filled out by driver:

COMPANY VEHICLE _____

DATE OF ACCIDENT _____ TIME _____

LOCATION _____

DRIVER'S NAME _____

TRUCK NUMBER _____ MAKE & MODEL _____

LICENSE NUMBER _____ STATE _____

OTHER VEHICLES AND DRIVERS INVOLVED _____

DRIVER'S NAME _____

LICENSE NUMBER _____ STATE _____

PHONE NUMBER _____

#2 DRIVER'S NAME _____

LICENSE NUMBER _____ STATE _____

PHONE NUMBER _____

PROPERTY DAMAGE OTHER THAN VEHICLE

OWNER _____ PHONE NUMBER _____

ADDRESS _____

WHAT WAS DAMAGED _____

POLICE _____

OFFICER'S NAME _____

BADGE NUMBER _____

REPORT NUMBER _____

STATION _____

CITATION(S) GIVEN TO _____

INJURIES

NAME _____ PHONE NUMBER _____

ADDRESS _____

DESCRIBE INJURIES _____

NAME _____ PHONE NUMBER _____

ADDRESS _____

DESCRIBE INJURIES _____

Emergency Telephone Aid

- = CALL 911 OR NEAREST POLICE DEPARTMENT
- = CALL AN AMBULANCE
- = CALL MY SUPERVISOR COLLECT

LOCATION OF ACCIDENT _____

COMPANY NAME _____

MY NAME _____ TRUCK NUMBER _____

SUPERVISOR _____ PHONE NUMBER _____

Witness #1

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Witness #2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____