

ACCIDENT NOTES

COMPANY DRIVER NAME

STREET ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER

OTHER DRIVER NAMES

STREET ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER

DRIVER'S LICENSE NUMBER & STATE

MAKE OF OTHER VEHICLE & YEAR

LICENSE PLATE NUMBER

REGISTERED OWNER

INSURANCE COMPANY

WITNESSES (Name, address & phone)

ADDITIONAL NOTES

PERSONS INJURED (Name & Phone)

PERSONS INJURED (Name & Phone)

PERSONS INJURED (Name & Phone)

PERSONS INJURED (Name & Phone)

OTHER VEHICLE OCCUPANT (Name & Phone)

OTHER VEHICLE OCCUPANT (Name & Phone)

OTHER VEHICLE OCCUPANT (Name & Phone)

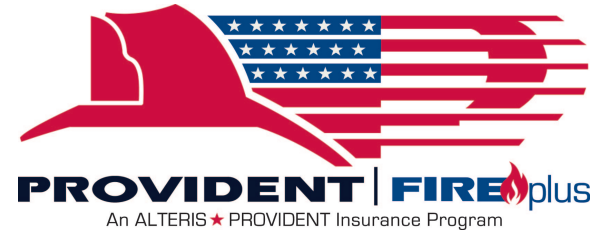
ROAD CONDITIONS

WEATHER CONDITIONS

LAW ENFORCEMENT AGENCY INVOLVED

OFFICER'S NAME & BADGE

FINAL THOUGHTS



If you have an

ACCIDENT

- Keep calm.
 - Do not argue or admit liability.
 - Do not discuss any insurance limits.
 - Gather the facts outlined in this folder.
 - If the accident involves:
 - another car with people in it (even though no one was hurt), or
 - a pedestrian, or
 - any personal injury, or extensive property damage . . .
- . . . immediately contact your Dispatcher or Supervisor for notification to the insurance agent on your behalf.

KEEP THIS IN THE GLOVE
COMPARTMENT OF YOUR VEHICLE

INSURANCE DATA

POLICYHOLDER NAME

STREET ADDRESS

CITY STATE ZIP CODE

INSURANCE CARRIER

POLICY NUMBER

INSURANCE AGENT & PHONE

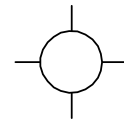
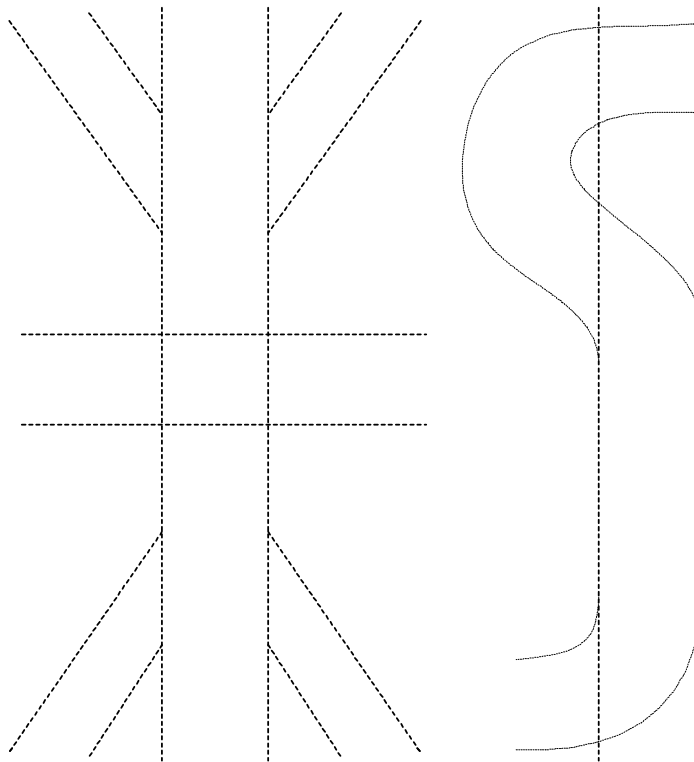
ACCIDENT DESCRIPTION

EXPLAIN, IN YOUR OWN WORDS,
HOW THE ACCIDENT OCCURRED:

DIAGRAM OF THE SCENE:

Overwrite dotted lines to indicate road at site; show vehicles, pedestrians, etc. by the following symbols. Show skid marks and label trees:

ACCIDENT SCENE



Indicate Directions:
N. S. E. W.



You



Other - numbered
successively



Traffic Signal



Traffic Sign (indicate type)



Pedestrian

Signature: _____

Date: _____