### **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)

OTHER VEHICLE OCCUPANT (Name & Phone)

OTHER VEHICLE OCCUPANT (Name & Phone)

OTHER VEHICLE OCCUPANT (Name & Phone)

ANN ROAD CONDITIONS

WEATHER CONDITIONS

LAW ENFORCEMENT AGENCY INVOLVED

OFFICER'S NAME & BADGE

FINAL THOUGHTS



# If you have an



- 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:	
How the Aboldent booothied.	

# **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:

