

# **VEHICLE ACCIDENT REPORT KIT**

## **IN CASE OF AN ACCIDENT, FOLLOW THESE INSTRUCTIONS**

1. Stop immediately. Avoid obstructing traffic if possible.
2. Protect the area by placing emergency warning devices such as reflectors, flares, lanterns or flags.
3. Check for injuries and call or send for an ambulance if needed. (Never move an injured person unless they are in imminent danger.)
4. Report the accident to the police.
5. Gather the necessary information to complete the enclosed form.
6. Tacfully get the names, addresses and phone numbers of all witnesses and, if possible, have them sign and complete the provided Accident Information Cards.
7. Be sure to get the names of all occupants of the other cars directly involved in the accident.
8. Get the name and badge number, department, precinct or trooper barracks of any police officers who arrive on the scene.

# **VEHICLE ACCIDENT REPORT KIT**

## **IN CASE OF AN ACCIDENT, FOLLOW THESE INSTRUCTIONS**

1. Stop immediately. Avoid obstructing traffic if possible.
2. Protect the area by placing emergency warning devices such as reflectors, flares, lanterns or flags.
3. Check for injuries and call or send for an ambulance if needed. (Never move an injured person unless they are in imminent danger.)
4. Report the accident to the police.
5. Gather the necessary information to complete the enclosed form.
6. Tacfully get the names, addresses and phone numbers of all witnesses and, if possible, have them sign and complete the provided Accident Information Cards.
7. Be sure to get the names of all occupants of the other cars directly involved in the accident.
8. Get the name and badge number, department, precinct or trooper barracks of any police officers who arrive on the scene.

# **VEHICLE ACCIDENT REPORT KIT**

## **IN CASE OF AN ACCIDENT, FOLLOW THESE INSTRUCTIONS**

1. Stop immediately. Avoid obstructing traffic if possible.
2. Protect the area by placing emergency warning devices such as reflectors, flares, lanterns or flags.
3. Check for injuries and call or send for an ambulance if needed. (Never move an injured person unless they are in imminent danger.)
4. Report the accident to the police.
5. Gather the necessary information to complete the enclosed form.
6. Tacfully get the names, addresses and phone numbers of all witnesses and, if possible, have them sign and complete the provided Accident Information Cards.
7. Be sure to get the names of all occupants of the other cars directly involved in the accident.
8. Get the name and badge number, department, precinct or trooper barracks of any police officers who arrive on the scene.

## Accident Information Card

Please assist our driver by completing this card.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Time and date of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Did you witness the accident? Yes  No

Did you see anyone hurt? Yes  No

Were you riding in a vehicle involved? Yes  No

Driver's Name \_\_\_\_\_

(Driver should indicate his/her name in blank BEFORE giving this card to a witness)

## Accident Information Card

Please assist our driver by completing this card.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Time and date of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Did you witness the accident? Yes  No

Did you see anyone hurt? Yes  No

Were you riding in a vehicle involved? Yes  No

Driver's Name \_\_\_\_\_

(Driver should indicate his/her name in blank BEFORE giving this card to a witness)

## Accident Information Card

Please assist our driver by completing this card.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Time and date of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Did you witness the accident? Yes  No

Did you see anyone hurt? Yes  No

Were you riding in a vehicle involved? Yes  No

Driver's Name \_\_\_\_\_

(Driver should indicate his/her name in blank BEFORE giving this card to a witness)

## Accident Information Card

Please assist our driver by completing this card.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Time and date of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Did you witness the accident? Yes  No

Did you see anyone hurt? Yes  No

Were you riding in a vehicle involved? Yes  No

Driver's Name \_\_\_\_\_

(Driver should indicate his/her name in blank BEFORE giving this card to a witness)

## Accident Information Card

Please assist our driver by completing this card.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Time and date of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Did you witness the accident? Yes  No

Did you see anyone hurt? Yes  No

Were you riding in a vehicle involved? Yes  No

Driver's Name \_\_\_\_\_

(Driver should indicate his/her name in blank BEFORE giving this card to a witness)

## Accident Information Card

Please assist our driver by completing this card.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Time and date of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Did you witness the accident? Yes  No

Did you see anyone hurt? Yes  No

Were you riding in a vehicle involved? Yes  No

Driver's Name \_\_\_\_\_

(Driver should indicate his/her name in blank BEFORE giving this card to a witness)

# VEHICLE ACCIDENT REPORT FORM

If you are involved in an accident, please complete this form to the best of your ability. When all information is completed, place this form and any completed Accident Information Cards into the envelope and give it to an authorized representative of your company.

## REMEMBER –

- Make no statement to anyone except the police, your company representative or your company's insurance representative.
- Do not admit liability or fault to anyone.
- Do not sign anything except official police reports.
- Make no settlements.
- Do not argue about the accident.
- Notify your employer of the accident as soon as possible.

If the accident involves an unattended vehicle or fixed object, take reasonable steps to locate and notify the owner. If the owner cannot be found, leave a notice in a conspicuous place on the vehicle or object, listing your name, address, phone number, the name of your insurance company (**Selective Insurance**) and a brief description of the accident, including date and time. Then complete the enclosed form making sure to note the make, year, license plate number and issuing state of the other vehicle.

(Note: If any section below requires additional space, please attach a separate page.)

VEHICLE INFORMATION — Your Vehicle			
Make and year	License plate # and issuing state	Registration #	
Driven by	Driver's license # and issuing state		
Address	City	State	Telephone #
Names of passengers in your vehicle			
Describe any/all damage			

VEHICLE INFORMATION — Other Vehicle			
Make and year	License plate # and issuing state	Registration #	
Driven by	Driver's license # and issuing state		
Address	City	State	Telephone #
Owner (if other than driver)			Telephone #
Address	City	State	
Insurance company			Telephone #
Policy number	Expiration date		
Name of agent			Telephone #
Names of passengers in other vehicle			
Describe any/all damage			

INJURED PERSONS			
Name			
Telephone # (Home)		(Work)	
Address	City	State	
Driver <input type="checkbox"/>	Pedestrian <input type="checkbox"/>	Passenger (in your vehicle) <input type="checkbox"/>	Passenger (in other vehicle) <input type="checkbox"/>
Describe injuries			
Name			
Telephone # (Home)		(Work)	
Address	City	State	
Driver <input type="checkbox"/>	Pedestrian <input type="checkbox"/>	Passenger (in your vehicle) <input type="checkbox"/>	Passenger (in other vehicle) <input type="checkbox"/>
Describe injuries			
Name			
Telephone # (Home)		(Work)	
Address	City	State	
Driver <input type="checkbox"/>	Pedestrian <input type="checkbox"/>	Passenger (in your vehicle) <input type="checkbox"/>	Passenger (in other vehicle) <input type="checkbox"/>
Describe injuries			

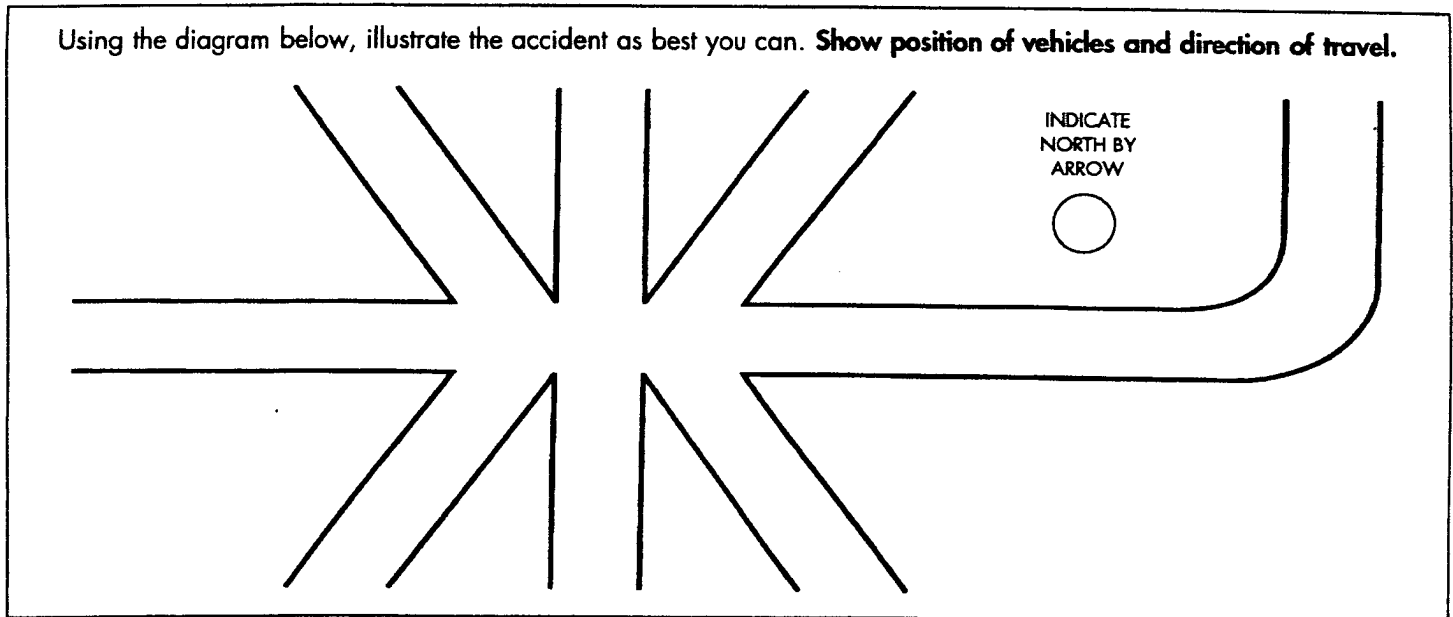
### WITNESSES

Name	Telephone # (Home)	(Work)
Address	City	State
Name	Telephone # (Home)	(Work)
Address	City	State
Name	Telephone # (Home)	(Work)
Address	City	State

### POLICE REPORT

Name of Officer	Badge #	Name of Department, Precinct or Barracks
Were you charged with any violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what?
Was the other driver charged with any violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what?
Has your driver's license been suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the other driver's license been suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>

Using the diagram below, illustrate the accident as best you can. **Show position of vehicles and direction of travel.**



### ACCIDENT DESCRIPTION

Date of Accident	Time	A.M./P.M.
Location of accident (be specific, including road/street names or numbers, intersections, and reference points)		
City, town or township	County	State
What speed were you travelling?		
Description of weather/road/visibility conditions		
Description of how accident occurred (be sure to complete the above accident diagram)		

Driver's Signature \_\_\_\_\_