

## 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:

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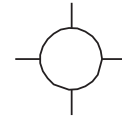
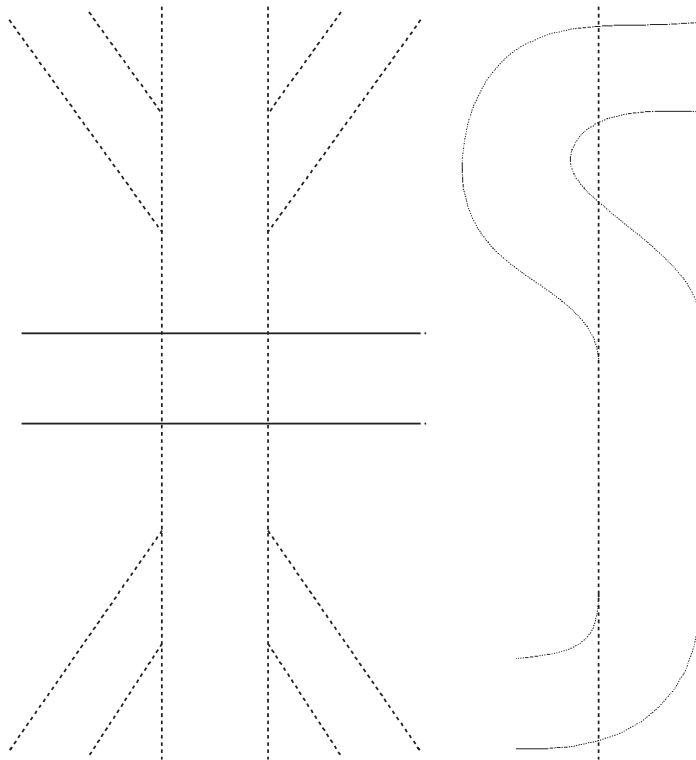
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## DIAGRAM OF THE SCENE:

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_