

What to do after an Accident

1. Take immediate action to prevent further damage at the scene of the accident.
 - (a) Pull onto shoulder or side of road.
 - (b) Place warning signals promptly and properly.
2. Call Police. If someone is injured, request medial assistance. If fire is involved, request Fire Department.
3. Exchange "Traffic Accident Exchange Information" form with other driver(s). The forms are enclosed.
4. Secure names and addresses of all witnesses to the accident, using the enclosed Information Sheets.
5. Be courteous. Answer police questions. Give identifying information to the other party involved, but make no comments about assuming responsibility.
6. Complete both sides of the "Driver's Report of Motor Vehicle Accident" form. You will need this information later for state and insurance reports.
7. As soon as possible, report the accident to your insurance company and your employer.

DRIVER'S REPORT OF MOTOR VEHICLE ACCIDENT

* WHERE ACCIDENT OCCURRED *				* WHEN ACCIDENT OCCURRED *		
County:		City:		Month:	Day:	Year:
Road or Street on which accident occurred: _____ (highway Number, U.S. or State, If no highway number identify road by name)				Hour: _____ AM PM		
At intersection with: _____ (Number or Name of Intersection, Highway or Street)				Number of vehicles Involved in accident?		
If not at Intersection _____ or _____ N S E W of _____ landmark Feet miles (circle 1) (nearest)				Did the police officer investigate accident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
				Was citation issued for Driver # 1 <input type="checkbox"/> YES <input type="checkbox"/> NO		
* VEHICLE NUMBER 1 YOUR VEHICLE *				CIRCLE POINT OF CONTACT #1		
Company Name:		Address:		<div style="display: flex; justify-content: space-between; align-items: center;"> F <div style="border: 1px solid black; width: 40px; height: 20px; position: relative;"> <div style="border: 1px solid black; width: 10px; height: 10px; position: absolute; top: 5px; left: 5px;"></div> </div> R </div>		
Driver's Name (Last, First, Middle)		Vehicle License Number-State & Year				
Vehicle Make	Year	Model & Type	Identification number-serial			
* DRIVER NUMBER 2-OTHER DRIVER-OR PEDESTRIAN *				CIRCLE POINT OF CONTACT #2		
<input type="checkbox"/> Driver's Name (Last, First, Middle)		Birth Mo. Day Yr		<div style="display: flex; justify-content: space-between; align-items: center;"> F <div style="border: 1px solid black; width: 40px; height: 20px; position: relative;"> <div style="border: 1px solid black; width: 10px; height: 10px; position: absolute; top: 5px; left: 5px;"></div> </div> R </div>		
<input type="checkbox"/> Ped		/ /				
<input type="checkbox"/> Male		<input type="checkbox"/> Female				
Street Address:		City:				
* VEHICLE NUMBER 2 OTHER VEHICLE *						
Owner's Name:		Address:				
Vehicle Make	Year	Model & Type	Vehicle License Number-State & Year			
Identification Number-Serial		Was traffic citation issued to Driver #2? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was traffic citation issued to Driver #1? <input type="checkbox"/> YES <input type="checkbox"/> NO		

* LIST PERSONS KILLED OR INJURED *		AGE	SEX	VEH #	SEATING	SEAT BELTS	EJECTION	INJURY
Name:	Address:							
Describe Injuries:								
Name:	Address:							
Describe Injuries:								
Name:	Address:							
Describe Injuries:								
Describe damage to property other than motor vehicle:		Owner's Name:						
		Owner's address:						

TRAFFIC ACCIDENT EXCHANGE INFORMATION

ON				Name or number of street or highway		City or town		County		State	
AT				Name of intersection roads or distance from landmark		Hour		Day of week		Month Day Year	
Driver—Print full name				Address		City		State		Phone Number:	
Owner—Print full name				Address		City		State		Phone Number:	
Driver's License Number		State	Birth date		Date		Year		Insurance Company		
Vehicle Make		License Number	State	year	Color	Agent Name and Address					
Parts of vehicle damaged						Agents Phone Number:					



