

Details of the Accident

Date of Accident _____ Time _____ am/pm

Street Location _____

City _____

State fully all details of how accident occurred, speed of cars involved, drivers' remarks, weather, road, and traffic conditions, etc. _____

Who in your opinion was at fault? Why? _____

Investigating law enforcement agency _____

Report # _____

Diagram of Accident

AFTER AN ACCIDENT



1. Injuries? - Call 911 for help.
2. Call your supervisor and law enforcement immediately, even if there are no injuries.
3. Warn other drivers of your accident by setting out cones, flares or warning triangles. Turn on your vehicle flashers.
4. Stay safe and out of traffic.
5. Exchange personal and insurance information of those involved and accurately record an account of the accident (see inside). If possible, take photos of the accident before cars are moved.
6. Obtain contact information from any witnesses who saw the accident happen.
7. Stay calm. Avoid arguing with others involved.



Think safety. Stay safe.

Your Vehicle

Driver's name _____

Address _____

Phone # - Home _____

Work _____ Cell _____

Driver's License # _____

Birthdate _____

Vehicle Year _____ Make _____

Model _____ Color _____

Registered Owner _____

Vehicle License # _____

Damaged area on vehicle _____

District Vehicle # _____

School District _____

Department _____

Other Vehicle

Driver's Name _____

Address _____

Phone # - Home _____

Work _____ Cell _____

Driver's License # _____

Birthdate _____

Registered Owner _____

Vehicle License # _____ Year _____

Make _____ Model _____ Color _____

Damaged area on vehicle _____

Insurance Company _____

Policy # _____

Insurance Co. Phone # _____

Passengers

Name _____

Address _____

Phone # Home _____ Work _____

Whose vehicle? _____

Name _____

Address _____

Phone # Home _____ Work _____

Whose vehicle? _____

Witnesses

Name _____

Address _____

Phone # Home _____ Work _____

Name _____

Address _____

Phone # Home _____ Work _____

Injured Persons

Name _____

Address _____

Phone # Home _____ Work _____

Nature of injury _____

Did injury occur in district vehicle? _____ Other? _____

Name _____

Address _____

Phone # Home _____ Work _____

Nature of injury _____

Did injury occur in district vehicle? _____ Other? _____