**VEHICLE ACCIDENT / INCIDENT REPORT**

1. **Safety First –** Assess the situation and check to see if anyone has been injured. If so, dial 9-1-1 immediately. If not, and the vehicles are drivable, move them to the shoulder or as far away from traffic as possible and turn on your hazards to warn other drivers.
2. **Call the Police** even if it’s just a minor collision to file an official report. Be ready to provide the responding officer(s) with your: driver’s license, vehicle registration, and proof of car insurance. Ask the responding officer(s) for the accident report number and note their name(s) and badge number(s).
3. **Gather Information and Document the Damage** while the police are on their way. Using a smartphone or camera, take pictures of the other driver’s license, registration, and insurance card. Document witnesses’ contact information (if applicable), and pictures of the damage you can see and the scene of the accident as you observe it.
4. **Call the Office or Your Supervisor** from the site of the accident. Complete this form, documenting the events and describing the collision in as much detail as possible, and turn in to your supervisor. Your supervisor will take care of reporting to the insurance carrier.

(Note: Employee injuries are to be reported on “Employer’s Report of Injury or Illness Form”)

**INSURED’S VEHICLE**

Driver’s Name: Driver’s License #:

Driver’s Address:

Year: Make : Model:

Color: License plate #: State:

**OTHER VEHICLE INFORMATION – Vehicle #1**

Driver’s Name: Driver’s License #:

Driver’s Address:

Driver’s Date of Birth: Number of People in Vehicle:

Driver’s Phone Number: Email Address:

Name and Address for Owner of Vehicle:

Vehicle Make: Year: Model:

Color: License plate #: State:

Vehicle Serial Number: State of Registration:

Insurance Company: Policy Number:

Name & Phone Number of Agent:

**OTHER VEHICLE INFORMATION – Vehicle #2**

Driver’s Name: Driver’s License #:

Driver’s Address:

Driver’s Date of Birth: Number of People in Vehicle:

Driver’s Phone Number: Email Address:

Name and Address for Owner of Vehicle:

Vehicle Make: Year: Model:

Color: License plate #: State:

Vehicle Serial Number: State of Registration:

Insurance Company: Policy Number:

Name & Phone Number of Agent:

**OTHER VEHICLE INFORMATION – Vehicle #3**

Driver’s Name: Driver’s License #:

Driver’s Address:

Driver’s Date of Birth: Number of People in Vehicle:

Driver’s Phone Number: Email Address:

Name and Address for Owner of Vehicle:

Vehicle Make: Year: Model:

Color: License plate #: State:

Vehicle Serial Number: State of Registration:

Insurance Company: Policy Number:

Name & Phone Number of Agent:

**NAME, ADDRESS AND TELEPHONE NUMBER OF WITNESS(ES):**

**DESCRIBE WHAT HAPPENED:**

**Date of accident:**

**Time of accident:**

**Location of accident (include complete address):**

**Direction your car was traveling:**

**Speed of insured’s vehicle:**

**Was the speed limit posted? What was it?**

**Were all persons in insured’s vehicle wearing seat belts?**

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**Weather at time of accident:**

**Condition of road at time of accident:**

**Did the other driver signal?**

**What kind of signal?**

**Were your lights on? Were your brake lights working?**

**Were his/her lights on? Were his/her brake lights working?**

**WAS ANYONE INJURED?** YES NO

**Name of person injured**: **Male or Female**: **Age**:

**Address of person injured:**

**Phone Number**:

**Is the injured person a (circle one):** DRIVER PASSENGER PEDESTRIAN

**Other (explain)**

**Was an ambulance called?**

**Was person injured taken to hospital?** YES NO

**Name and address of hospital:**

**Describe Injury (be as specific as possible)**:

 **WAS THERE DAMAGE TO A BUILDING/PROPERTY**? YES NO

**If yes, describe damage to building / property (be as specific as possible):**

 **POLICE REPORT NUMBER:**

**PERSON COMPLETING REPORT:**

Print Name Signature Date