

ACCIDENT REPORT PACKET



IN CASE OF AN ACCIDENT

1. Stop immediately to investigate.
2. Look for injured people. Do not move them unless they are in immediate and imminent danger.
3. Protect yourself, others, and property from additional injury or damage. If further hazard exists, remove the vehicle or other equipment from the right-of-way, if possible. If the vehicle cannot be moved, place emergency flags or flares near the accident scene.
4. Call police and emergency medical services if needed.
5. Locate witnesses and obtain their contact information.
6. Exchange contact and insurance information with other drivers.
7. Complete the attached Accident Report at the earliest opportunity.
8. Report the accident to a representative from your organization via telephone or in person.
9. Have someone contact your insurance agent to report the accident.

IMPORTANT REMINDER:

Never admit fault. Give information pertaining to the accident only to the police and your insurance or church representative.

| | | |
|----------------|-----------|----------|
| Name | | |
| Street Address | | |
| City | State | Zip Code |
| E-mail address | Telephone | |
| Signature | | |

Thank You!

| | | |
|----------------|-----------|----------|
| Name | | |
| Street Address | | |
| City | State | Zip Code |
| E-mail address | Telephone | |
| Signature | | |

Thank You!

| | | |
|----------------|-----------|----------|
| Name | | |
| Street Address | | |
| City | State | Zip Code |
| E-mail address | Telephone | |
| Signature | | |

Thank You!

| DAMAGE TO OUR VEHICLE OR PROPERTY | |
|--|---------------|
| Vehicle Involved | Vehicle No. |
| Name of Driver | Date of Birth |
| Address | |
| Driver License No. | State |
| List visible damage to our vehicle or other property | |

Driver Sign Here _____



PRELIMINARY ACCIDENT REPORT

| Date | Hour | |
|--|-----------|----------------------|
| | A.M. | P.M. |
| City | State | |
| Location | | |
| DAMAGE TO VEHICLE OR PROPERTY OF OTHERS | | |
| Make of Vehicle | Model | Driver's License No. |
| Insurance Carrier | | |
| Address | Phone No. | |
| Name of Driver | | |
| Address | Phone No. | |
| List visible damage to vehicle or other property | | |
| INJURED PERSONS | | |
| Name | | |
| Address | Phone No. | |
| Name | | |
| Address | Phone No. | |
| Name | | |
| Address | Phone No. | |

| WITNESSES | |
|--|-----------|
| Name | |
| Address | |
| E-mail | Phone No. |
| Name | |
| Address | |
| E-mail | Phone No. |
| Name | |
| Address | |
| E-mail | Phone No. |
| Was a police report made? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, What police department? _____ | |
| Report number (if known) _____ | |
| Was anyone cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, Who? _____ | |
| What charge? _____ | |
| DIAGRAM | |
| | |

Show location and direction of travel of all vehicles; streets and names; skid marks with exact measurements if possible. Indicate vehicles and directions thus: →

| BRIEF DESCRIPTION OF ACCIDENT |
|---|
| Where were you going? What load were you carrying? What speed were you going? Estimated speed of other vehicles? etc. |
| (See Reverse Side) |

Detach all three cards at perforations

WITNESS INFORMATION CARD

Your cooperation in filling out this card and giving it to the driver will enable us to handle the matter in fairness to all parties concerned.

ACCIDENT AT _____
(show street number or intersection)

DATE _____ TIME _____ A.M. P.M.

Did you see the accident happen? Yes No

Did you see anyone hurt? Yes No

Were you riding in a vehicle involved? Yes No

In your opinion who was responsible?
 Our Driver Other Driver Passenger Pedestrian
(See Back)

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