

# steps to follow

## DO...

- ▶ Remain at the scene of incident/accident.
- ▶ Protect the scene – Turn on flashers, set out flares or emergency signal to prevent further damage or injury.
- ▶ Call police. If necessary call ambulance for injured parties.
- ▶ Be courteous to police. Answer police questions.
- ▶ Give identifying information to the other party involved. **Do not make comments about speed, time, distance or assuming responsibility.**
- ▶ Complete this report at the scene of the accident.
- ▶ As soon as possible notify employer and insurance carrier of incident/accident.
- ▶ Take pictures of the accident scene; your vehicle & other vehicles/property involved. Step back and also get the full scene in your photo.

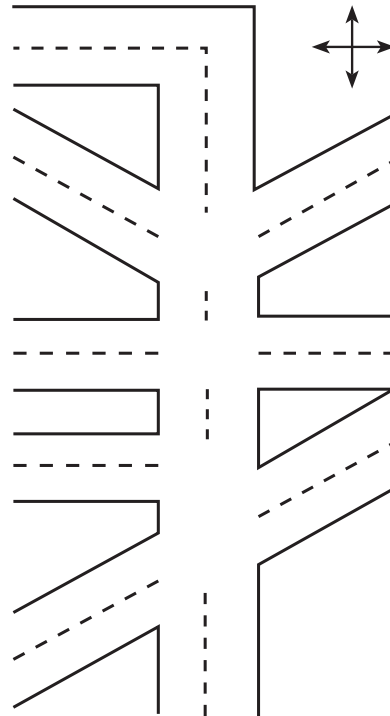
TAKE  PICTURES

## DO NOT...

- ▶ Drive vehicle if it is unsafe.
- ▶ Discuss the incident/accident with anyone except the police, your employer or your insurance carrier representative.

# accident scene diagram

- ▶ Indicate location of all traffic signals, stop signs, and speed limit signs.
- ▶ Indicate location of all vehicles/ pedestrians and witnesses.
- ▶ Indicate compass direction (N, S, E, W)



INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

# DRIVER'S ACCIDENT REPORT



KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT  
REPORT ANY INCIDENT OR ACCIDENT IMMEDIATELY

## POLICYHOLDER INFORMATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

Two Liberty Place  
50 S. 16th Street, Suite 3600  
Philadelphia, PA 19102  
connerstrong.com



### ACCIDENT INFORMATION

DATE \_\_\_\_\_

TIME \_\_\_\_\_  AM  PM

LOCATION OF ACCIDENT \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEATHER CONDITIONS

SUNNY  WINDY  RAINY  SNOW  ICE

OTHER \_\_\_\_\_

### POLICE INVESTIGATION

POLICE DEPARTMENT \_\_\_\_\_

\_\_\_\_\_

WERE THE POLICE NOTIFIED?  YES  NO

OFFICER NAME \_\_\_\_\_

BADGE # \_\_\_\_\_ PRECINCT \_\_\_\_\_

REPORT # \_\_\_\_\_

WAS ANYONE CITED?  NO  YOU  OTHER DRIVER

CITATIONS ISSUED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INJURIES

DID ANYONE SUFFER AN INJURY?  YES  NO

INSURED DRIVER?  OTHER DRIVER?  PASSENGER?  BYSTANDER?

FATALITY?  YES  NO

HOSPITAL?  YES  NO

INJURY? \_\_\_\_\_

WERE THE INJURED TRANSPORTED BY AMBULANCE, HELICOPTER OR POLICE TRANSPORT?  YES  NO

INJURED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### INSURED VEHICLE INFORMATION

VEHICLE # \_\_\_\_\_

VIN # \_\_\_\_\_

DESCRIPTION/LOCATION OF DAMAGE \_\_\_\_\_

\_\_\_\_\_

WAS THE VEHICLE TOWED?  YES  NO

TO WHERE? \_\_\_\_\_

### WITNESS 1

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### WITNESS 2

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### DRIVER INFORMATION

DRIVER'S NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### OTHER VEHICLE INFORMATION

DRIVER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

VEHICLE # \_\_\_\_\_

VIN # \_\_\_\_\_

DESCRIPTION/LOCATION OF DAMAGE \_\_\_\_\_

\_\_\_\_\_

WAS THE VEHICLE TOWED?  YES  NO

TO WHERE? \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

### ADDITIONAL INFORMATION

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