

## 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? \_\_\_\_