

# Vehicle Accident Reporting Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Location of Accident \_\_\_\_\_

Time of Accident \_\_\_\_\_

License Plate # \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Called: Y / N

Police Report Filed: Y / N

Injuries: Y / N

Other Party Involved? Y / N

Other Party License Plate # \_\_\_\_\_

Insurance Info of Other Party \_\_\_\_\_

**If you are involved in a work related accident, please follow these steps:**

Remain calm, respectful, and focused on completing these steps

**Make sure it is a safe location to exit the vehicle. If not remain in your car and call the police.**

Check on all drivers and passengers

**Do not admit to anything, NEVER say it was your fault or discuss the accident with anyone unless instructed to by CICL.**

Get medical attention if needed

Notify your supervisor ASAP, if supervisor is unavailable, contact the Director

Remain at the scene of the accident

Depending on the amount of damage and injury, contact the police department

Get the names, addresses, phone numbers (work, home, and cell), insurance information, and license plate numbers of the driver.

Get the names, addresses, phone numbers (work, home, and cell) all parties involved

Get witnesses names and phone numbers

Take pictures of any vehicle or property damage.

As the weather changes, please be careful. Plan your trips and give yourself plenty of time.