**ACCIDENT REPORTING FORM**

- Stop vehicle and investigate.
- Use 4 way flashers and set up warning devices.
- Turn off all engines.
- No smoking.
- Guard against fire.
- Check for fuel or cargo leaks, advise emergency responders of any are found.
- Assist the injured if it can be done safely.
- Call authorities and/or for medical assistance.
- BE COURTEOUS; Make no statement about accident except to police, company, or insurance company representative.
- Supply name, address, company name, company address, vehicle registration number, operator's license, and insurance information to police and other party.
- Comply with U.S. D.O.T.'s and your company's post accident alcohol and drug testing requirements.
- Complete this form before you leave the accident scene.

| Driver: ____________________________ | **ACCIDENT DETAIL:** |
| Date: ____________________________ | ROADWAY/DRIVING CONDITIONS |
| Day: ____________________________ | Visibility: ___Day ___Night ___Reduced by conditions |
| Time: ____________________________ | TRAFFIC CONDITIONS: |
| City/Town at/closest to accident location: ____________________________ | ____ Heavy ____ Medium ____ Light |
| State /Province: ____________________________ | ROAD TYPE: |
| Describe accident location: (Ex., address, landmark, intersection): ____________________________ | ____ Off-Road ____ Dirt ____ Gravel |
| | ____ Asphalt ____ Concrete ____ Other |
| No. of injuries: _____ No. of fatalities: _____ | Occur at an intersection? ____No ____Yes |
| No. of vehicles involved: _____ No. people involved: _____ | TERRAIN/DIRECTION (CHECK ALL THAT APPLY): |
| Were hazardous materials released other than fuel spilled from the fuel tanks of the vehicle involved in the accident? No Yes | ___ Ramp (on) ___ Ramp (off) |
| Was a citation issued at the scene? No Yes | ___ Uphill ___ Downhill |
| Driver's injuries: ____________________________ | ___ Two-Way ___ One-Way |
| | ___ Curved (left) ___ Curved (right) |
| | ___ Straight |
| COMPANY VEHICLE(S) DAMAGE: |
| Unit(s): ____________________________ | WEATHER (CHECK ALL THAT APPLY): |
| | ____ Clear/Sunny ____ Partly Cloudy/Sunny |
| | ____ Mostly Cloudy ____ Fog |
| | ____ Rain/Showers ____ Snow |
| | ____ Sleet ____ Freezing Rain/Drizzle |
| | ____ Other |
| Point of Impact: ____________________________ | ACCIDENT TYPE: |
| Were pictures of the damage taken? No Yes | ____ Backing ____ Hit from behind |
| Describe Vehicle Damage: ____________________________ | ____ Head-On ____ Intersection |
| | ____ Lane Change ____ Rear-end |
| | ____ Rear Underride ____ Side Underride |
| | ____ Turning | |
**OTHER VEHICLE(S) INVOLVED:**
Vehicle Name: ______________________________
Fleet No. _______ VIN#: ______________________
Year: _______ Color: ________________________
Make: __________________ Model: ________
Tag/Plate no: ________________________________

**OTHER VEHICLE OWNER INFORMATION**
Name: __________________________ Age: ______
Street Address: __________________________
City __________________ State/Province: ______
Zip: ______ Phone: _______________________

**DAMAGE TO OTHER VEHICLE**
Initial Point of Impact: ______________________
Were pictures of the damage taken? ____ Yes   ____ No
Describe Vehicle Damage: ____________________

**DEScribe the Accident Event:**
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

**INsurance:**
Company: _______________ Agent: _____________
Street Address: ____________________________
City: _______________ State: _______ Zip: ______
Agent Phone#: ______________________________

**oTHer Driver**
Name: __________________________ Age: ______
Street Address: __________________________
City __________________ State/Province: ______
Zip: ______ Phone: _______________________

**WITNESS:**
Name: __________________________ Age: ______
Address: __________________________
City/State/Zip: _______________________
Phone: __________________________
Age: ________
Statement taken: ____ Written   ____ Oral

**Statement taken:**
Written   Oral

**Passenger Information:**
Name: __________________________
Address: __________________________
City/State/Zip: _______________________
Phone: __________________________
Age: ________
Statement taken: ____ Written   ____ Oral

**WITNESS:**
Name: __________________________
Address: __________________________
City/State/Zip: _______________________
Phone: __________________________
Age: ________
Statement taken: ____ Written   ____ Oral

**Passenger’s injuries:**
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

**WITNESS:**
Name: __________________________
Address: __________________________
City/State/Zip: _______________________
Phone: __________________________
Age: ________
Statement taken: ____ Written   ____ Oral

**WITNESS:**
Name: __________________________
Address: __________________________
City/State/Zip: _______________________
Phone: __________________________
Age: ________
Statement taken: ____ Written   ____ Oral

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