ACCIDENT REPORTING FORM Driver: _____ **ACCIDENT DETAIL:** Date: _____ **ROADWAY/DRIVING CONDITIONS** Visibility: ____Day____Night_____Reduced by conditions Stop vehicle and investigate. TRAFFIC CONDITIONS: Use 4 way flashers and set up warning devices. City/Town at/closest to accident location: Heavy Medium Light Turn off all engines. ROAD TYPE: No smoking. State /Province: _Off-Road ____Dirt Gravel Guard against fire. Describe accident location: (Ex., address, landmark, Asphalt Concrete Other intersection): _____ Check for fuel or cargo leaks, advise emergency Occur at an intersection? No Yes responders of any are found. TERRAIN/DIRECTION (CHECK ALL THAT APPLY): Assist the injured if it can be done safely. No. of injuries: No. of fatalities: Ramp (on) Ramp (off) No. of vehicles involved: No. people involved: Call authorities and/or for medical assistance. Uphill Downhill Two-Way One-Way Were hazardous materials released other than fuel spilled from BF COURTFOLIS: Make no statement about Curved (left) Curved (right) the fuel tanks of the vehicle involved in the accident? accident except to police, company, or insurance Straight ——No Yes company representative. WEATHER (CHECK ALL THAT APPLY): Was a citation issued at the scene? No Yes Supply name, address, company name, company address, vehicle registration number, Driver's injuries: Partly Cloudy/Sunny Clear/Sunny operator's license, and insurance information _Mostly Cloudy ____Foq to police and other party. Rain/Showers Snow Freezing Rain/Drizzle Sleet **COMPANY VEHICLE(S) DAMAGE:** Comply with U.S. D.O.T.'s and your company's Other post accident alcohol and drug testing Unit(s): _____ **ACCIDENT TYPE:** requirements. Point of Impact: Backing Hit from behind Complete this form where and when it Head-On Intersection Were pictures of the damage taken? Yes is safe. No Lane Change Rear-end Describe Vehicle Damage: Rear Underride Side Underride If police on site, get name, badge Turning number or report number from officer

OTHER VEHICLE(S) INVOLVED:	OTHER DRIVER	WITNESS:
Vehicle Name:	Name:Age:	Name:
Fleet NoVIN#:	Street Address:	Address:
Year: Color:	CityState/Province:	City/State/Zip:
Make:Model:	Zip:	
Tag/Plate no:	Statement taken:WrittenOral	Phone:
OTHER VEHICLE OWNER INFORMATION	Driver's injuries:	Age:
Name:Age:	Passenger Information:	Statement taken:WrittenOral
Street Address:	Name:	D
CityState/Province:	Address:	DESCRIBE THE ACCIDENT EVENT:
Zip:Phone:	City/State/Zip:	
DAMAGE TO OTHER VEHICLE	Phone:	
Initial Point of Impact:	Age:	
Were pictures of the damage taken?YesNo	Statement taken:WrittenOral	
Describe Vehicle Damage:	Passenger's injuries:	
	Witness:	
Insurance:		
Company:Agent:	Name:	
Stroot Addross	Address:	
	City/State/Zip:	
, <u> </u>	Phone:	
Agent Phone#:	Age:	
	Statement taken:WrittenOral	
		Updated 12/18/2019