

WITNESSES

Name: _____
 Address: _____

 Phone: _____

Name: _____
 Address: _____

 Phone: _____

Name: _____
 Address: _____

 Phone: _____

Name: _____
 Address: _____

 Phone: _____

POLICE

Name of Officer: _____
 Badge Number: _____
 Department: _____
 Phone: _____

NOTES

**AUTO & EQUIPMENT
IN CASE OF ACCIDENT***FILL OUT AT SCENE OF ACCIDENT*

1. Immediately after any accident, every driver of a car or truck must submit this report to the proper department.
2. Give other drivers your name, address, your company's name and address, phone number, license number and operator's license number.
3. Carefully examine the other vehicle for damage.
4. Discuss accident with employer, police and your insurance rep only.
5. Telephone your office at once in case of serious accident.
6. Be courteous.
7. Submit your report to employer at above address as soon as possible.

DRIVER'S REPORT

Dept: _____ Supt: _____
 Date: _____ Time: _____
 Location: _____

Name of Employer: _____

Address: _____

Phone: _____

Driver's Name: _____

Driver's Age: _____

Address: _____

Phone: _____

Vehicle: _____
Year Make Model

Equip. #: _____

Serial #: _____

License #: _____

Damage: _____

OTHER DRIVER(S) & VEHICLE(S)

Name of Owner: _____

Address: _____

Phone: _____

Name of Driver: _____

Address: _____

Phone: _____

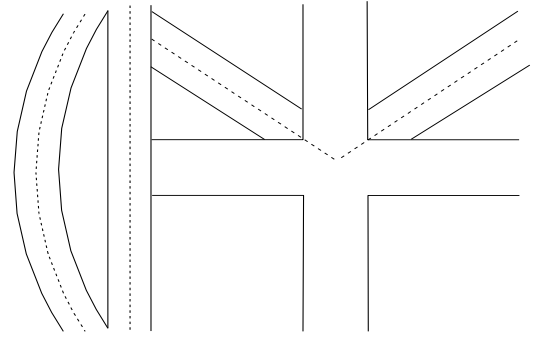
Vehicle: _____
Year Make Model

License #: _____

Damage: _____

DESCRIPTION OF ACCIDENT

DIAGRAM



PERSON(S) INJURED

Name: _____ Age: _____

Address: _____

Phone: _____

Extent of Injury: _____

Insured's vehicle Other vehicle Ped.

Name: _____ Age: _____

Address: _____

Phone: _____

Extent of Injury: _____

Insured's vehicle Other vehicle Ped.

Where Taken After Accident: _____
