

**LAW ENFORCEMENT / MEDICAL**  
(If at scene, get this info)

OFFICER NAME: \_\_\_\_\_

BADGE #: \_\_\_\_\_

HEADQUARTERS: \_\_\_\_\_  
(CITY & STATE)

NAME OF AMBULANCE SERVICE:  
\_\_\_\_\_

**OTHER VEHICLE INFORMATION**  
(If another driver is involved, get this info)

DRIVER'S NAME: \_\_\_\_\_

DRIVER'S PHONE #: \_\_\_\_\_

VEHICLE DESCRIPTION:  
\_\_\_\_\_  
(YEAR / MAKE / MODEL)

VEHICLE LICENSE PLATE: \_\_\_\_\_

VEHICLE OWNER: \_\_\_\_\_

INSURANCE POLICY #: \_\_\_\_\_

POLICYHOLDER'S NAME: \_\_\_\_\_

INSURANCE PHONE #: \_\_\_\_\_

**WITNESSES**

1. NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

2. NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**ACCIDENT REPORT**

MY NAME: \_\_\_\_\_

MY WORK ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY WORK PHONE #: \_\_\_\_\_

MY EMPLOYEE I.D. # (if any): \_\_\_\_\_

MY DRIVER'S LICENSE:  
\_\_\_\_\_

VEHICLE DESCRIPTION:  
\_\_\_\_\_  
(YEAR / MAKE / MODEL)

VEHICLE LICENSE PLATE: \_\_\_\_\_

VEHICLE OWNER: \_\_\_\_\_

INSURANCE POLICY #: \_\_\_\_\_

POLICYHOLDER'S NAME: \_\_\_\_\_

INSURANCE PHONE #: \_\_\_\_\_

**VEHICLE ACCIDENT REPORT**

**WHAT TO DO IN CASE OF AN ACCIDENT:**

1. PREVENT FURTHER ACCIDENTS:
  - a. Get as far as safely possible off the traveled portion of the roadway.
  - b. Place emergency reflectors or flares, as needed.
  - c. Avoid obstructing traffic, if possible.
2. AID THE INJURED AND SEE THAT THEY OBTAIN MEDICAL ATTENTION. DO NOT MOVE SERIOUSLY INJURED PERSONS UNLESS THEIR LIVES APPEAR IMMEDIATELY THREATENED (by fire, explosion, etc.).
3. IMMEDIATELY CALL:
  - a. Law enforcement agency
  - b. Your office and/or supervisor for additional instructions  
Phone No. \_\_\_\_\_
4. COMPLETE THE ACCIDENT REPORT FORM IN THIS KIT BEFORE YOU LEAVE THE SCENE – Be sure to complete ALL sections!
5. PROVIDE ONLY BASIC INFORMATION TO OTHER PARTIES INVOLVED:
  - a. Your name
  - b. Your address
  - c. Your vehicle registration information
  - d. *Upon Request:* Your Driver's License Number
  - e. *Upon Request:* Your proof of vehicle insurance
6. **USE CAUTION: YOUR ACTIONS AND CONVERSATIONS ABOUT THIS ACCIDENT MAY BECOME EVIDENCE IN A LAWSUIT.**
7. IF THE ACCIDENT INVOLVES A FIXED OBJECT OR AN UNATTENDED VEHICLE:
  - a. Take reasonable steps to locate the owner.
  - b. If unable to locate owner, leave a note with your name, your employer's name, address and phone number.
8. REPORT THE ACCIDENT WHEN YOU RETURN TO THE OFFICE OR MAIN LOCATION.

