

ACCIDENT REPORT PACKET



IN CASE OF AN ACCIDENT

1. Stop immediately to investigate.
2. Look for injured people. Do not move them unless they are in immediate and imminent danger.
3. Protect yourself, others, and property from additional injury or damage. If further hazard exists, remove the vehicle or other equipment from the right-of-way, if possible. If the vehicle cannot be moved, place emergency flags or flares near the accident scene.
4. Call police and emergency medical services if needed.
5. Locate witnesses and obtain their contact information.
6. Exchange contact and insurance information with other drivers.
7. Complete the attached Accident Report at the earliest opportunity.
8. Report the accident to a representative from your organization via telephone or in person.
9. Have someone contact your insurance agent to report the accident.

IMPORTANT REMINDER:

Never admit fault. Give information pertaining to the accident only to the police and your insurance or church representative.

Name		
Street Address		
City	State	Zip Code
E-mail address	Telephone	
Signature		

Thank You!

Name		
Street Address		
City	State	Zip Code
E-mail address	Telephone	
Signature		

Thank You!

Name		
Street Address		
City	State	Zip Code
E-mail address	Telephone	
Signature		

Thank You!

DAMAGE TO OUR VEHICLE OR PROPERTY	
Vehicle Involved	Vehicle No.
Name of Driver	Date of Birth
Address	
Driver License No.	State
List visible damage to our vehicle or other property	

Driver Sign Here _____



PRELIMINARY ACCIDENT REPORT

Date	Hour	
	A.M.	P.M.
City	State	
Location		
DAMAGE TO VEHICLE OR PROPERTY OF OTHERS		
Make of Vehicle	Model	Driver's License No.
Insurance Carrier		
Address	Phone No.	
Name of Driver		
Address	Phone No.	
List visible damage to vehicle or other property		
INJURED PERSONS		
Name		
Address	Phone No.	
Name		
Address	Phone No.	
Name		
Address	Phone No.	

WITNESSES	
Name	
Address	
E-mail	Phone No.
Name	
Address	
E-mail	Phone No.
Name	
Address	
E-mail	Phone No.
Was a police report made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, What police department? _____	
Report number (if known) _____	
Was anyone cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Who? _____	
What charge? _____	
DIAGRAM	

Show location and direction of travel of all vehicles; streets and names; skid marks with exact measurements if possible. Indicate vehicles and directions thus: →

BRIEF DESCRIPTION OF ACCIDENT
<p>Where were you going? What load were you carrying? What speed were you going? Estimated speed of other vehicles? etc.</p>

(See Reverse Side)

Detach all three cards at perforations

WITNESS INFORMATION CARD

Your cooperation in filling out this card and giving it to the driver will enable us to handle the matter in fairness to all parties concerned.

ACCIDENT AT _____
(show street number or intersection)

DATE _____ TIME _____ A.M. P.M.
 Did you see the accident happen? Yes No
 Did you see anyone hurt? Yes No
 Were you riding in a vehicle involved? Yes No
 In your opinion who was responsible?
 Our Driver Other Driver Passenger Pedestrian
(See Back)

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