

# Vehicle Accident Report

The following checklist outlines the steps that should be taken in the event of an accident involving your fleet vehicle. Thorough and accurate information gathering can assist in the mitigation of any losses resulting from potential claims.

## What to Do



- ☐ Turn on hazard lights.
- ☐ Call for emergency assistance for injuries as needed.
- ☐ Contact law enforcement to make a formal report.
- ☐ Contact your supervisor to report the accident.
- ☐ Do not move the vehicle unless instructed to by law enforcement or unless the current situation is unsafe.
- ☐ Discuss facts of the accident with investigating law enforcement officers only.
- ☐ If police are not called, collect information as outlined below.
- ☐ If it is safe to do so, take photos of all damage and the scene from each direction.
- ☐ Contact HR to discuss potential drug testing.
- ☐ Return this information to your supervisor.

## Collect Driver and Passenger Information

### **Collect license and insurance information from the other driver.**

License Number \_\_\_\_\_  
Insurance \_\_\_\_\_  
\_\_\_\_\_

### **Get the names, ages, addresses, telephone numbers and email addresses of the other driver and any passengers.**

Driver Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
  
Passenger 1 Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
  
Passenger 2 Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### **Note the year, make, model and license plate number of the vehicle and whether it's a commercial or passenger vehicle.**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Plate \_\_\_\_\_ Commercial \_\_\_\_\_ Passenger \_\_\_\_\_

## ✓ Gather Witness Information

**Get the name, age, address, telephone number and email address of each witness.**

Witness 1 Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Circle whether: Passenger / Pedestrian / Other Driver

Witness 2 Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Circle whether: Passenger / Pedestrian / Other Driver

**Determine if the witness was a passenger, a pedestrian or another driver.**

Witness was a \_\_\_\_\_

## ✓ Note Weather and Road Conditions

Road conditions when the accident occurred:

\_\_\_\_\_

Weather conditions at the time of the accident:

\_\_\_\_\_

Factors affecting visibility:

\_\_\_\_\_

Factors involving traffic signals/lights, signs, intersections, crosswalks or traffic patterns:

\_\_\_\_\_

## ✓ Other Relevant Details

Speed at the time of the accident: \_\_\_\_\_

Record the vehicle's operating condition, including brakes, lights, turn signals, wipers and muffler.

\_\_\_\_\_

Note the operating condition of protective devices, including seat belts and air bags.

\_\_\_\_\_

Record information relating to the vehicle's load, weight limitation and cargo type or capacity.

\_\_\_\_\_

Note the date of the last service and any maintenance problems. \_\_\_\_\_

Determine which entity or individual owns or leases the vehicle.

\_\_\_\_\_

## About Trident

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