

“On The Spot” CRASH REPORT

If you are involved in an accident:

1. **Stop at Once!** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of bystanders.
2. **If fire or smoke is present, evacuate vehicle occupants to a safe location.** If stalled on a railroad track, evacuate occupants to a safe location away and at a right angle from the tracks.
3. If Fire, Smoke or Spilled Fuel is Present, send for the fire department. **Do not leave the scene**; ask a bystander to call the fire department. If possible, use a spill kit to absorb the spill.
4. **Protect the Scene.** Set emergency warning devices to prevent further injury or damage. Secure your vehicle and its contents from theft.
5. **Secure assistance of the police** whenever possible. Record names and badge numbers.
6. Record names, addresses and phone numbers of all witnesses, injured and driver(s) and their passengers. **Record vehicle license numbers.**
7. **Do Not Argue!** Make no statement except to the proper authorities. Sign only official police reports. Do not make statements regarding the operating condition of your vehicle and do not admit fault.
8. **Report the Incident** to your dispatcher/supervisor **IMMEDIATELY** after first aid has been given, authorities have been notified, the scene has been protected and you are able to do so.
9. **Complete the Incident Report** at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s).
10. If you strike an unattended vehicle and cannot locate the owner, **leave a note** with your name and the company's address and phone number, get the vehicle description, VIN number and license plate number.

TO BE COMPLETED BY DRIVER INVOLVED IN CRASH

Name _____ Date of Hire _____

Vehicle/Plate # _____ VIN # _____

Assigned Location/Dept. _____ Phone _____

Office/Home Phone _____ Cell Phone _____

Date, Time and Location of Crash _____

_____ Seat Belts? _____

Description of crash _____

What was the cause of the crash? _____

What could **YOU** have reasonable done to **prevent** this crash? (Consider all aspects of Defensive

Driving, i.e. Did you; make no errors yourself; made adequate allowance for conditions of road,

weather and traffic and for errors of other drivers?) _____

What else could be done to prevent similar crashes in the future? (Consider routing, scheduling,

vehicle type, loading, improved lighting, better signs or any other factors not within your control

Employee Signature _____ Date _____



My Name

Age

Driver's License

State

Employee No.

My Vehicle

(Year)

(Make)

(Unit No.)

(License No.)

(State)

(Unit No.)

(License No.)

(State)

☐ Company Owned

☐ Owner Operator

Home Base

Job Title

☐ Business Use

☐ Personal Use

INSURANCE IDENTIFICATION

Policy Number

Insured's Name

Emergency Phone No.

Your Agent

INJURIES — Describe nature of any apparent injuries:

DRIVER:

Injury

PASSENGER:

Name

Address

Injury

OTHER DRIVER:

Name

Address

Injury

OTHER PASSENGER, PEDESTRIAN:

Name

Address

Injury

Name

Address

Injury

Where taken after accident



POLICE OFFICER ASSISTING

Name _____		Police report made? <input type="checkbox"/> Yes <input type="checkbox"/> No
Headquarters _____	Badge No. _____	Citations Issued _____

PROPERTY DAMAGE — Describe nature of damage:

Your Vehicle _____		Other Vehicle _____
Property other than vehicles _____		Owner _____ Phone _____
_____		Driver _____ Phone _____
_____		Vehicle Make _____ License No. _____
Owner _____	Phone _____	Insurance Company _____

WITNESSES

Name _____	Phone _____	Name _____	Phone _____
Address _____		Address _____	
Name _____	Phone _____	Name _____	Phone _____
Address _____		Address _____	

ACCIDENT INFORMATION

Date _____	Time _____	<input type="checkbox"/> A.M. <input type="checkbox"/> Daylight
		<input type="checkbox"/> P.M. <input type="checkbox"/> Dark

LOCATION

Name of Street or Highway Number _____	(Closest Intersection or Landmark) _____
City, Town, Country _____	(State) _____

WEATHER

<input type="checkbox"/> 1 Clear	<input type="checkbox"/> 2 Raining	<input type="checkbox"/> 3 Snowing	<input type="checkbox"/> 4 Fog
<input type="checkbox"/> 5 Sleeting	<input type="checkbox"/> 6 Dust/Smoke/Fog	<input type="checkbox"/> 7 High Wind	<input type="checkbox"/> 8 Other _____

AREA

<input type="checkbox"/> 1 Residential	<input type="checkbox"/> 2 Commercial	<input type="checkbox"/> 3 Rural	<input type="checkbox"/> 4 Other _____
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PAVEMENT

<input type="checkbox"/> 1 Asphalt	<input type="checkbox"/> 2 Concrete	<input type="checkbox"/> 3 Gravel/Dirt	<input type="checkbox"/> 4 Brick/Stone
<input type="checkbox"/> 5 Steel	<input type="checkbox"/> 6 Wood	<input type="checkbox"/> 7 Other _____	

CONDITION

<input type="checkbox"/> 1 Dry	<input type="checkbox"/> 2 Wet	<input type="checkbox"/> 3 Slippery	<input type="checkbox"/> 4 Pot Holes
<input type="checkbox"/> 5 Other _____			

DIRECTION

	N	E	S	W	Other
Yours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

SPEED

	Posted	Actual when danger noticed
Yours	_____	_____
Other	_____	_____

SEAT BELT

<input type="checkbox"/> Used <input type="checkbox"/> Not Used

AIR BAG INFLATED

<input type="checkbox"/> Yes <input type="checkbox"/> No
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TRAFFIC CONTROL

Stop Sign:

<input type="checkbox"/> 1 1 Way	<input type="checkbox"/> 2 2 Way	<input type="checkbox"/> 3 3 Way	<input type="checkbox"/> 4 4 Way
<input type="checkbox"/> 5 Yield	<input type="checkbox"/> 6 Semaphore	<input type="checkbox"/> 7 Police/Flag Person	<input type="checkbox"/> 8 Railroad
<input type="checkbox"/> 9 Uncont. Intersection	<input type="checkbox"/> 9 Not an Intersection		

ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point of hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line.

SYMBOLS

Your Vehicle **1**

Other Vehicle **2**


3

Pedestrian 

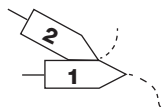
Stop Sign 

Semaphore 

Yield 

Railroad 

Point of Impact



Indicate
direction _____



At what distance
did you notice
danger?

_____ feet