

# DRIVER'S ACCIDENT REPORTING PACKET

*Contains: Accident Report, Witness Cards, Pencil*

## WHEN AN ACCIDENT HAPPENS:

1. Stop immediately, avoid obstructing traffic if possible. Put out emergency flares. Warn oncoming traffic **UNLESS PERSONAL SAFETY IS JEOPARDIZED**.
2. Aid the injured.
3. Notify Dispatch Center and advise of injuries. Dispatch Center should (a) notify police, (b) notify our headquarters, (c) notify medical aid to respond.
4. Obtain name and address of investigating police officer and badge number.
5. Obtain facts about damages to your vehicle.
6. Obtain facts about damages to other vehicle(s) and/or property damaged.
7. Get witnesses. Pass out witness cards and collect upon completion.
8. Obtain facts about injured person(s).
9. Describe the accident on the accident report.
10. Never admit liability or agree to pay for damages.
12. Call your local insurance agent to report accident.
13. Do not discuss the accident except with police, or with your insurance company representative.

FURNISHED THROUGH THE COURTESY OF



Report any incident/accident within 24 hours to:

[www.GlatfelterReligiousPractice.com](http://www.GlatfelterReligiousPractice.com)

**WITNESSES**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Where was witness? \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Where was witness? \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Where was witness? \_\_\_\_\_

**PERSONS INJURED**

1. Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Nature of injuries \_\_\_\_\_

Where was injured person taken? \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Nature of injuries \_\_\_\_\_

Where was injured person taken? \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Nature of injuries \_\_\_\_\_

Where was injured person taken? \_\_\_\_\_



www.GlatfelterReligiousPractice.com

**ACCIDENT REPORT**

Keep this form in the glove compartment of your car. In case of an accident, fill in all available information right at the scene.

**#A**

**DAMAGE TO YOUR VEHICLE**

Name of Insured \_\_\_\_\_

Make of Car \_\_\_\_\_

Motor No. \_\_\_\_\_

Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Ph. ( ) \_\_\_\_\_

Work Ph. ( ) \_\_\_\_\_

Damage \_\_\_\_\_

Police Report? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Police Dept. \_\_\_\_\_

If witness or witnesses are in another car and refuse to give their names, write down the license number.

License No. \_\_\_\_\_ License No. \_\_\_\_\_

**#B**

**DAMAGE TO PROPERTY OF OTHERS**

Owner \_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State Lic. \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_

Driver \_\_\_\_\_ Ph. ( ) \_\_\_\_\_

Address \_\_\_\_\_

Chauffeur or Driver's License No. \_\_\_\_\_

Is other car insured? \_\_\_\_\_ Name of Co. \_\_\_\_\_

Damage: NOTE CAREFULLY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF ACCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_

Place of Accident (name streets) \_\_\_\_\_  
\_\_\_\_\_

Road surface and condition \_\_\_\_\_

Weather conditions \_\_\_\_\_  
\_\_\_\_\_

(Additional Remarks cont'd.):  
\_\_\_\_\_  
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**#C**

### DAMAGE TO PROPERTY OF OTHERS

Owner \_\_\_\_\_

Ph. ( ) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State Lic. \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_

Driver \_\_\_\_\_

Ph. ( ) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Chauffeur or Driver's License No. \_\_\_\_\_

Is other car insured? \_\_\_\_\_ Name of Co. \_\_\_\_\_  
\_\_\_\_\_

Going Which Direction

Speed (Miles per Hour)

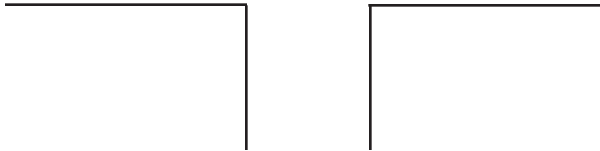
Which Side of Street

Distance From Curb

Signals (Horn or Hand)

OUR CAR	OTHER CAR

Indicate point of collision and briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Damage: NOTE CAREFULLY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### POINT OF IMPACT

#### CHECK (X) FOR EACH VEHICLE

- |                          |                          |                                    |                          |                          |                                   |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|-----------------------------------|
| A<br>(Your Vehicle)      | B                        | C                                  | A<br>(Your Vehicle)      | B                        | C                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Front     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Lt. Side |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rt. Front | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rear     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Lt. Front | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rt. Rear |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rt. Side  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Lt. Rear |

\_\_\_\_\_  
**Signature**

## WITNESS CARD

Date of Accident \_\_\_\_\_ Location \_\_\_\_\_

How did the accident occur? \_\_\_\_\_

Was anyone injured? \_\_\_\_\_

What was your involvement in the accident? \_\_\_\_\_

Name of Witness \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Insured \_\_\_\_\_

**THANK YOU!**

