

Driver's Report of Accident



Description of Accident

What happened? _____

What direction were you going? _____

Your speed _____

Other driver's direction _____

Their speed _____

Any unsafe conditions that contributed to the accident?

Any unsafe acts that contributed to the accident?

Injured Persons

Name _____ Age _____

Address _____

Phone _____

Nature of Injury _____

Which vehicle were they in _____

Where treated _____

Injured Persons

Name _____ Age _____

Address _____

Phone _____

Nature of Injury _____

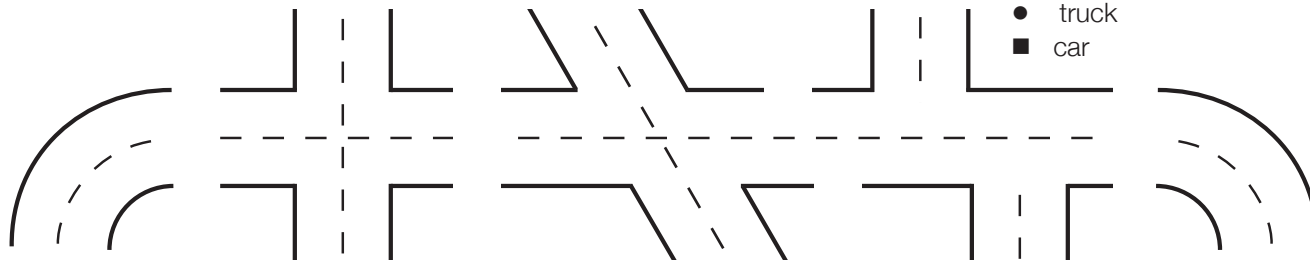
Which vehicle were they in _____

Where treated _____

Fill out the diagram marking the point of impact clearly. Give street names and objects involved. Letter each vehicle and use an arrow to show the direction of travel. Use a solid line to show the path of the vehicle before the accident, and a dashed line for after the accident.

Use the following symbols

- 0-0 motorcycle or bicycle
- X pedestrian(s)
- |||| railroad
- truck
- car



Driver's Report of Accident from Invensure



(800) 331-4700

www.invensure.net

7-Step Procedure for Drivers at an Accident Scene

1. Stop without delay. Pull off the road, if possible. Position the vehicle to minimize any obstruction to traffic and set the parking brake. In a serious accident, wait for law enforcement before moving the vehicle.
2. Activate the four-way flashers and on commercial vehicles, set up the reflective warning triangles. Placement of the triangles may be delayed for up to ten minutes to attend to emergencies.
3. Summon aid for any injuries. Assist the injured but never move a seriously injured person unless they are in immediate danger of further injury.
4. Provide comfort and solace as the accident requires, but make no statements relating to the fault or responsibility of the accident.

Accident Details

Time and Place

Date of Accident _____

Time _____ a.m. _____ p.m.

Street _____ City _____

County _____ State _____

Driver and Vehicle

Your Name _____ Age _____

Address _____

Phone _____

Driver's License # _____

Vehicle License # _____

Damage to your vehicle or property _____

Estimated cost of repairs _____

5. Notify law enforcement and your company. Keep discussion with law enforcement and others to a minimum. Restrain the desire to discuss the accident with any one other than your company representative.
6. Exchange information with others involved in the accident. Acquire the names, addresses, phone numbers, makes of vehicles and license numbers of all drivers, passengers and witnesses and record them in this folder.
7. Photograph the damage to all vehicles and/or property. Photograph the relationship of the debris fields and skid marks to the vehicles. Photograph the license plates of all vehicles, including those of witnesses.

Report accidents per company policy.

The Inventure Claims Department can be reached at **(800) 331-4700**

Witness

Name _____

Phone _____

Address _____

Where located at time of accident _____

Witness

Name _____

Phone _____

Address _____

Where located at time of accident _____

Other Driver and Vehicle

Name _____ Age _____

Address _____

Phone _____

Driver's License # _____

Vehicle License # _____

Owner's Name (if different) _____

Address _____

Other Driver's Insurance Company _____

Other Driver's Policy Number _____

Vehicle Make _____

Model _____ Year _____

Damage to other vehicle or property _____

Estimated cost of repairs _____

Where can the Vehicle be seen _____

Police

Notified or investigated _____

When _____

Name of officer _____

Station _____

Was anyone cited _____

For what reason? _____

Signature _____ **Date** _____