

Driver's Accident Report

ROADSIDE ASSISTANCE:
800-325-8838 option 4

INSURANCE POLICY: HARTFORD FIRE INSURANCE CO.
POLICY #: 22UENBH5298 *Valid through 10/2019*

DRIVERS SHOULD FILL OUT AS COMPLETELY AS POSSIBLE AND GIVE TO MANAGERS UPON RETURNING TO OFFICE.

ALL ACCIDENTS MUST BE REPORTED REGARDLESS OF FAULT or SEVERITY

AT THE ACCIDENT SCENE:

1. Stop immediately, pull to a safe location and notify police.
2. Determine if there are injuries and call for help.
3. Take pictures of accident scene.
4. Exchange information with other drivers and witnesses, capture details on this form.
5. Do not make statements of any kind or discuss the accident with anyone other than the police or your manager
6. Notify your operations manager as soon as you are safely able - **within 24 hours of accident.**

Accident Information

DATE OF ACCIDENT

TIME OF ACCIDENT (AM/PM)

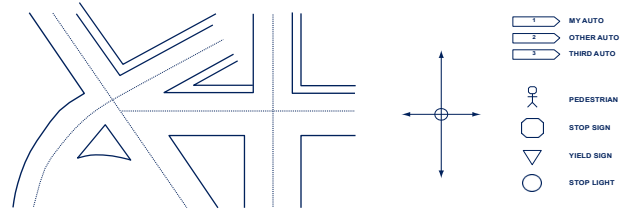
LOCATION OF ACCIDENT - INCLUDE STREET AND CROSS STREETS

VIN NUMBER

PLATE NUMBER AND STATE

Your VEHICLE: YEAR / MAKE / MODEL

DESCRIPTION OF ACCIDENT (include non-vehicle property damage) *Please use box and complete diagram at right*



Driver Information

YOUR NAME

ADDRESS

PHONE

DRIVER'S LICENSE NUMBER AND STATE

CITY AND STATE OF YOUR HOME BRANCH (Note this could be different than the location of the accident)

OTHER VEHICLE INFORMATION

WAS ANOTHER VEHICLE INVOLVED? Yes No
If yes, please exchange information

NAME TELEPHONE NUMBER

ADDRESS INJURED (YES/NO)

NAME OF OTHER PARTY INSURANCE COMPANY POLICY NUMBER

DRIVER'S LICENSE NUMBER AND STATE PLATE NUMBER / STATE

YEAR / MAKE / MODEL OF VEHICLE

OWNER NAME TELEPHONE NUMBER

OWNER ADDRESS

WERE THE POLICE CALLED TO THE SCENE? Yes No *If yes, include police report*

VIOLATION/ CITATION GIVEN TO WHOM?

NAME OF POLICE DEPARTMENT THAT RESPONDED

FOR OPERATIONS MANAGER USE

OPERATIONS MANAGER NAME

EMAIL

PHONE

WAS ANYONE INJURED IN THIS ACCIDENT? Yes No

If yes, please fill out section below.

INJURIES (IF APPLICABLE)

INJURED PERSON NAME

ADDRESS

PHONE

CHECK ONE THE FOLLOWING:

- DRIVER OF YOUR VEHICLE
 PASSENGER IN YOUR VEHICLE
 DRIVER OF OTHER VEHICLE
 PASSENGER IN OTHER VEHICLE

DESCRIPTION OF INJURIES

WITNESS INFORMATION

NAME

ADDRESS

PHONE

EMAIL

Operations Manager Final Check List Items

1. OM HAS REVIEWED REPORT FOR ACCURACY
2. OM HAS SCANNED A COPY OF THIS REPORT TO KAREN.LUTZ@USI.COM
3. OM HAS SCANNED A COPY OF THIS REPORT TO FLEET@SOLIDCARE.COM
4. OM HAS SCANNED A COPY OF THIS REPORT TO HR-SUPPORT@SOLIDCARE.COM
5. OM HAS PROVIDED DRIVER WITH A COPY OF THIS REPORT FOR HIS/HER RECORDS