

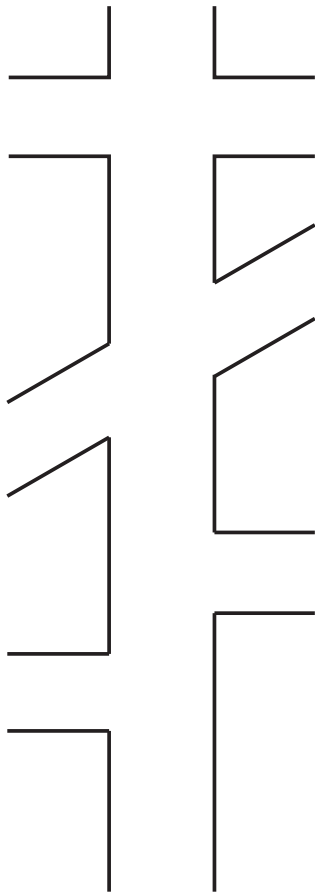
VEHICLE ACCIDENT REPORT

Vehicle Accident Report

Complete at the scene of the accident.

Name: _____

Employer: _____



Show location and direction of travel of all vehicles; streets and names; skid marks with exact measurements if possible. Indicate vehicles and directions.

WHEN AN ACCIDENT HAPPENS:

1. Stop immediately, avoid obstructing traffic if possible. Put out emergency reflectors. Warn oncoming traffic UNLESS PERSONAL SAFETY IS JEOPARDIZED.
2. Notify Management and advise of injuries. Management should:
 - notify police,
 - notify medical aid to respond.
3. Aid the injured.
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 damage.
7. Take photos of damaged vehicle(s) if able.
8. Obtain witness contact information.
9. Describe facts about injured person(s).
10. Describe the accident on the accident report.
11. Never admit liability or agree to pay for damages.
12. Do not discuss the accident except with police, or with your management representative.

Glatfelter
Healthcare
PracticeSM
A Division of Glatfelter Insurance Group

N01:014 10/15

FURNISHED THROUGH THE COURTESY OF

Glatfelter
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Report any incident/accident within 24 hours to:
GlatfelterHealthcarePractice.com

ACCIDENT INFORMATION	
Date:	Time:
Location:	
Weather Conditions:	
Road Conditions:	
Number of persons in each vehicle:	
Other Vehicle Make:	
Model:	Year:
OTHER DRIVER INFORMATION	
Name:	
Address:	
Phone Number:	
Drivers License Number: State:	
License Plate: State: Number:	
Insurance Carrier: Policy Number:	
OTHER DRIVERS, PASSENGERS, OR PEDESTRIANS	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

WITNESSES	
Name:	Age:
Address:	
Name:	Age:
Address:	
Name:	Age:
Address:	
Describe any apparent injuries:	
Description of accident:	

Describe apparent damage to your vehicle:	
Describe apparent damage to other vehicle:	
POLICE INVESTIGATION	
Police Department:	
Police Officer:	
Badge Number:	