

# Auto Accident Report Form

*Keep in Your Glove Box*

**Employee Name:** \_\_\_\_\_

## When an accident occurs:

First Steps	Do Not Say	While Still at the Scene
<ul style="list-style-type: none"><li>• Remain calm</li><li>• Get to a safe place</li><li>• Check for injuries</li><li>• Administer First Aid</li><li>• Call police/EMT</li></ul>	<ul style="list-style-type: none"><li>• It's all my fault, (even if it is).</li><li>• My insurance will pay for everything.</li><li>• It's okay, I have full coverage.</li></ul>	<ul style="list-style-type: none"><li>• Get as much information as possible on this report.</li><li>• Take pictures (damaged vehicle(s), registration, license, etc.)</li><li>• When the police come, cooperate and tell them what you know.</li></ul>

## Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

## Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

## Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Drivers Name:	
Other Drivers Address:	
Other Drivers Phone:	

**Employee Name:** \_\_\_\_\_

**Passengers/Injuries:**

Your Vehicle	Other Vehicle
# Passengers:	# Passengers:

## Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

### Witness Information

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

### Sketch the Accident Scene:

## **Employee Checklist: (After it is determined all parties involved are uninjured)**

- Take photos of all vehicles involved – any damages inquired, license plates, registrations, licenses, etc.
- Fill out the above forms completely, do **not** leave any fields blank
- Submit the forms & all pictures to your RGM, DM & [Safety@ADPhut.com](mailto:Safety@ADPhut.com)
- No Copies to be given to anyone outside of the company