

Telephone Report of Vehicle Accident

(For use by Director or Business Manager who receives the call from the driver)

Employee's Name _____

Are you all right? (If not, describe your injuries) _____

Date of Accident _____

Exact Location of Accident _____

Time of Accident _____

Description of Accident (What happened?) _____

Phone number where you can be called back _____

Address where you can be reached in the next several hours _____

Did you get the other driver's name, address, license number, and insurance company? _____

Was anyone injured? (Names) _____

Were there any fatalities? (Names) _____

Were the injured given medical assistance? _____

If so, give name and address of hospital or doctor _____

Were the police called? _____

If so, did you get their names? _____

Were there any witnesses to the accident? _____

Did you get the names, addresses, and phone numbers of the witnesses? _____

Can your vehicle proceed safely in its present condition? _____

What is the extent of the damage? _____

What assistance do you need? _____

Time _____

Date _____

(Signature of Person Notified)