ACCIDENT KIT

Report All Accidents ***COMPLETE ATTACHED ACCIDENT REPORT*** Immediately

Instructions Follow Below

1. STOP Your Vehicle Immediately
   1. TURN on Emergency Flasher
   2. Put Out Triangles and/or Flares
   3. Be sure at least one warning signal (triangle/flare) can be seen from all directions.

2. Check with other parties regarding their condition.
   1. Do not move anybody before medical help arrives. Cover the person to keep them warm.
   2. Use appropriate first aid only if you are trained to do so.

3. Notify
   1. Notify Your Safety Director/Dispatch
   2. Call Police
   3. Call the number(s) listed on your insurance cab card

4. Get License Plate Number of Other Vehicles
   1. Get name and phone numbers of other parties involved in accident

5. Take Pictures

6. Get Witness Information
   1. Use the attached Witness Cards to record names and addresses of any eyewitnesses.

7. Complete Accident Report
   1. Complete Attached Insured Accident Report. Please be as detailed as possible.

**CDL Drivers**

If an accident results in: A vehicle being towed, A person being transported by ambulance, or a Fatality, You must be tested for alcohol and drugs within two hours of the accident as required in section 382.303 of the Federal Motor Carrier Safety regulations. Keep copies of the Federal Drug testing and control form in your vehicles at all times.
REPORT ALL ACCIDENTS IMMEDIATELY

***Locate your insurance card and contact the phone number(s) listed***

-----------------------------

DRIVER’S INSTRUCTIONS

IMMEDIATELY FOLLOWING AN ACCIDENT:

1. If possible, do not move vehicles (do not admit any fault)

2. Engage emergency flashers. Place flares or triangles as required by law

3. Check with other party/parties regarding their condition

4. Call Police / Dispatch / Insurance Company

5. Cooperate with Police and Company Adjuster

6. Obtain names and addresses of all claimants and witnesses

7. Obtain License Plate & Tag numbers

8. Do Not Talk to any adjuster or insurance representative unless he can prove to be representing the trucking company you are operating on behalf of.

9. Be POLITE but offer no opinion as to cause. Do not accept responsibility or admit any fault for accident.
Insured Accident Report

Trucking Company: _______________________________

Policy#__________ Phone #_________________________

Contact: _______________________________ City: ___________ State ______ Zip__________

Accident Date: ___________________________ Time: ___________ (am) (pm)

Direction of your vehicle: __________ Speed: __________

Direction of Other Vehicle: __________ Speed: __________

Explain what happened:

Describe Weather/Pavement/Lighting:__________________________________________________________________________

Police: _______________________________ Officer: _______________________________ Badge#__________

Were you: Arrested? ______ Issued Citation/Ticket? ________ Charged With: _____________________________

Other Driver: Arrested? ______ Issued Citation/Ticket? ________ Charged With: ____________________________

Did police write a report? Y N Report # ________________________________

Your Vehicle

Driver: _______________________________

Your Name: _______________________________ Phone: _______________________________

Home Address: _______________________________ City/State/Zip: _______________________________

CDL# _______________ License State: _______________

Date of Birth: _______________ SS#: _______________ Employed By: _______________________________

Tractor/Trailer: Year: ______ Make: ___________ Vin# _______________

Registered Owner: _____________________________________________________________________________________________

Extent of Damage: __________________________ Towed To: _______________________________

Names of all passengers in this vehicle: ____________________________________________________________________________

Cargo Description: _____________________________________________________________________________________________ Hazmat? Y N

Other Vehicle: Year: ______ Make: ___________ Vin# _______________ Plate# ___________ State _______________

Extent of Damage: __________________________________________________________________ Towed To: _______________________________

Owner/Driver: _______________________________ Phone: _______________________________

Street Address: _______________________________ City/State/Zip: _______________________________

License# _______________ License State: _______________

Driver injured, taken to: _______________________________________________________________________________________

Names of all passengers in this vehicle: ____________________________________________________________________________

Injuries: Y N Other Vehicle Insurance Company: _______________________________ Policy # _______________