



ACCIDENT KIT

****COMPLETE ATTACHED ACCIDENT REPORT ***

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 vehicle at all times.

REPORT ALL ACCIDENTS IMMEDIATELY

Locate your insurance cab card and contact the phone number 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 and 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 vehicles: _____ 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? YES NO 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: _____ Haz Mat? YES NO

Other Vehicle:

Year: _____ Make: _____ VIN# _____ Plate# _____

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: YES NO Other Vehicle Insurance Company _____