

REPORT OF VEHICLE ACCIDENT

What to do when you are involved in an accident:

1. STOP IMMEDIATELY. If someone is hurt, call police and request ambulance.
2. Complete this report at scene of accident. Fill in **ALL** information.
3. Call police if other driver does not have a valid operator's license.
4. Get names and addresses of all witnesses.
5. Exchange driver information **ONLY** with others involved.
6. DO NOT GIVE INFORMATION concerning accident to anyone other than police.
7. DO NOT ADMIT GUILT TO ANYONE.
8. DO NOT SIGN ANYTHING.
9. BE COURTEOUS – it helps.
10. CALL CHG SAFETY DEPARTMENT IMMEDIATELY. 203-494-2132 Joanne or 203-483-1717
11. Contact your supervisor.
12. THIS FORM IS NOT AN ADMISSION OF NEGLIGENCE AND/OR GUILT.
13. Take photos of accident and damage.
14. Take photo of other drivers license.

Drivers/Your Name: _____

Age: _____

Address: _____ Zip: _____

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City: _____ Phone: _____

Vehicle Number/Plate: _____

Date: _____

Dept/Title: _____

THE ACCIDENT

Name: _____ Date: _____ Time: _____

Place: _____ City: _____

Your speed, MPH: _____ Conditions: Wet Dry Rain Snow Dark Traffic

How did the accident happen: _____

THE OTHER DRIVER

Name: _____ Date of Birth _____

Address: _____ City _____ State: _____

Drivers License #: _____ # of persons in other vehicle: _____

Statement of other driver: _____

THE OTHER VEHICLE

Owners Name: _____ Phone # _____

Address: _____ City: _____ State: _____

License #: _____ Make of Car: _____ Color: _____

Describe Damage: _____

Property Damage – other than vehicle: _____

Owners Name: _____ Phone # _____

Address: _____ City: _____ State: _____

Injured Persons – For additional injured use separate sheet.

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone#: _____

Taken Where After Accident: _____ **By Whom:** _____

Witness: Name: _____ **Phone:** _____

Witness: Name: _____ **Phone:** _____

Police Officers Name: _____ **Badge #** _____ **Phone#** _____

Draw diagram or accident on back side or below if possible: