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| 1. Stop immediately. Keep calm and be courteous. | 5. Immediately notify your supervisor. |
| 2. Turn on your emergency flashers. | 6. Obtain and record all the facts on this report |
| 3. Send for help. Don't go yourself. Call police. | 7. Submit this form to your supervisor |
| 4 Give reasonable help to injured. Do not move. injured persons if likely to cause further injury. | 8. Do not make a statement of any kind to anyone other than police or representative of the company. |

This report is to be completed if you are in an accident while driving a company vehicle or while driving your personal vehicle on company business.

1. Date Report Prepared	2. Information Supplied By	3. Company Name
4. Company Phone Number	5. Date of Accident	6. Time of Accident
7. Location of Accident (city, state, cross streets, etc.)		

DRIVER AND VEHICLE INFORMATION

COMPANY VEHICLE		OTHER VEHICLE OR PROPERTY	
8. Name of Driver	9. Driver's DOB	20. Name of Driver	21. Driver's DOB
10. Driver's Address		22. Driver's Address	
11. Driver's Telephone No.	12. Driver's License No.	23. Driver's Telephone No.	24. Driver's License No.
13. Company Vehicle Number (if applicable)		25. Vehicle owner's name and address (if different)	
14. Purpose for which vehicle was being used		Insurance company	
		Insurance agent name address and phone number	
15. Year, Make, and Model of Vehicle	16. License Plane No. and State	26. Year, Make, and Model of Vehicle	27. License Plane No. and State
17. Vehicle Identification No.	18. <input type="checkbox"/> Company Vehicle <input type="checkbox"/> Personal Vehicle	28. Describe the Damage to the Vehicle	
19. Describe the Damage to the Vehicle			

INJURED

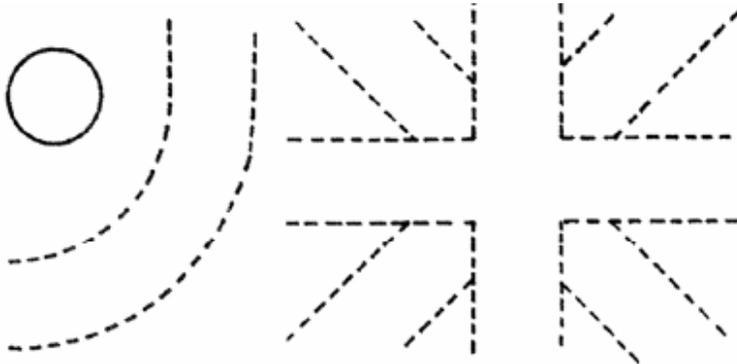
Name	Address	Phone Number
29.		
30.		
31.		

WITNESSES OR PASSENGERS

Name	Address	Phone Number
32.		
33.		
34.		

Use one of these outlines to sketch the scene of your accident. Show names of streets, direction and position of the automobiles, and point of contact. Use a solid line to show the path before the accident and a dotted line to show the path after the accident.

Indicate North with an arrow in the circle



LIGHT

(check one)

- Dawn Daylight
- Darkness- street lights
- Darkness-no street lights
- Dusk

ROAD CHARACTER

(check one)

- Level Curve
- Hillcrest Straight
- On grade

WEATHER

(check one)

- Clear Raining
- Snowing Fog

ROAD SURFACE

(check one)

- Dry Muddy
- Wet Icy
- Snowy

35. Law enforcement agency notified

36. Case number

37. Citation issued, to whom and for what reason

38. Brief description of accident (give speeds, violations, etc.)

I authorize the release to my employer of all records relevant to this accident. It is understood that the company will use the information to verify who was at fault and determine my eligibility for appropriate benefits. This authorization also applies to insurance companies, workers' compensation carriers, and organizations administering benefit programs. This authorization will remain in effect throughout the investigation of this accident. A photocopy of this authorization will be as valid as the original.

Employee Name

Date

Employee Signature