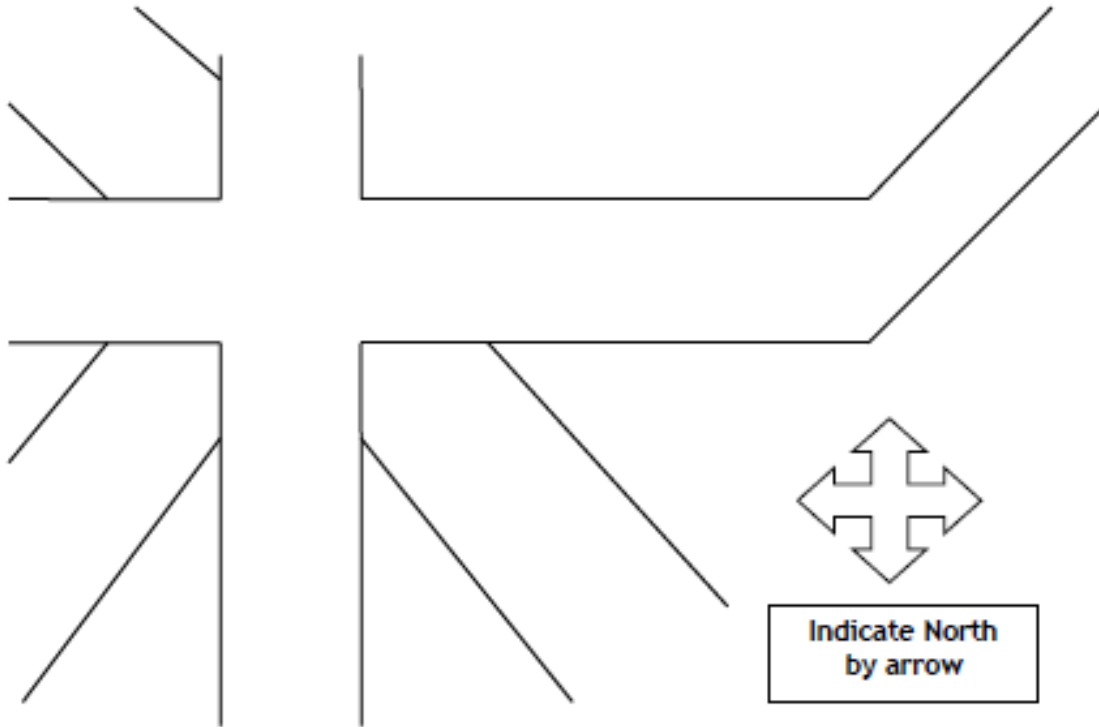


Indicate on this diagram what happened. Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers. Show signs, signals, warning, and traffic controls.



Street Name or Highway Number _____

Intersection _____ and _____

Important Numbers (Please fill in your Supervisor's Contact number):

Supervisor _____

Risk Management: 770-641-3955

Fleet Maintenance: 770-594-6518

Human Resources: 770-594-6440

Vehicle Accident Information Form



Please keep this form, along with insurance information, in the glovebox of your City vehicle.

If An Accident Occurs:

1. Call 911 to request an officer to the scene and seek emergency help if needed.
2. Make sure your supervisor is notified of the accident immediately.
3. Stay clear of passing vehicles as you exchange information with others involved in the accident.
4. Do not discuss the cause of the accident or admit fault with those involved in the accident.
5. Fill out this accident information form.
6. Describe the accident to police to the best of your ability.
7. If safely possible and have camera/phone, take photos of the accident damage and area.

Please fill out diagram on back.

Accident Information:

Date ____/____/____ Time _____

Employee Name _____

Location _____

City _____

Weather Conditions _____

Traffic Conditions _____

Name of Officer on Scene _____

Witness 1:

Name _____

Address _____

City _____ Zip _____

Phone _____

Witness 2:

Name _____

Address _____

City _____ Zip _____

Phone _____

Other Driver:

Name _____

Address _____

City _____ Zip _____

Phone _____

Driver's License # _____

Driver's License State _____

Car Make _____

Model _____ Year _____

License Plate # _____

Registered Owner _____

Address _____

City Zip _____

Phone _____

Insurer _____

Policy Number _____

Agent Name _____