Stop and investigate IMMEDIATELY!

Set out warning devices.

Assist injured persons, but do NOT move if likely to cause further injury; call for medical assistance.

Notify police, supervisor and insurance adjuster as instructed.

Give your name, address, company name and address, vehicle registration number and show operator’s license to proper authorities.

If there is no phone nearby, stop passerby and ask him/her to contact supervisor (use Accident Notification Card).

Secure names and addresses of witnesses or first persons at scene (use Witness Cards).

If you strike an unattended vehicle and owner cannot be located, you MUST place your name and the address of the carrier securely on the vehicle.

If the other driver admits fault, ask him/her to complete the Exoneration Card.

Protect your vehicle from further damage and theft.

Complete driver’s report at accident scene.

Comply with any required alcohol/drug test.

Return the completed packet to your supervisor upon return to the terminal.

DRIVE SAFELY - IT MAKES GOOD SENSE!
COMPLETE FOLLOWING FORMS (SUPPLIED INSIDE)
1. Driver’s Report at Accident Scene
2. Witness Cards
3. Exoneration Card
4. Accident Notification Card

ACCIDENT REPORT KIT

IN CASE OF ACCIDENT, COMPLETE INFORMATION BELOW BEFORE YOU TURN IN “ACCIDENT REPORT KIT” TO YOUR SUPERVISOR.

DRIVER ___________________________ ACCIDENT DATE ___________________________

TERMINAL ___________________________

TRUCK/TRACTOR NO. ___________________________ TRAILER(S) NO. ___________________________

ACCIDENT LOCATION ___________________________

DRIVE SAFELY - IT MAKES GOOD SENSE!
ACCIDENT DESCRIPTION

Explain in your own words what happened.

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

____________________

Draw a diagram of accident using [ ] as your vehicle, [ ] as vehicle No. 2, etc.

WITNESSES

Name __________________ Address __________________

________________________________________

Phone__________________ Workplace __________________

Name __________________ Address __________________

________________________________________

Phone__________________ Workplace __________________

DRIVER’S REPORT
AT ACCIDENT SCENE

☑️ Checklist

☐ Stop and Investigate

☐ Set Warning Devices

☐ Help the Injured

☐ Protect Your Vehicle and Cargo from Theft and Further Damage

☐ Do Not Move Your Vehicle Until Police Arrive

☐ Contact Supervisor as Soon as Possible. (Use accident notification card if you can’t leave)

☐ Discuss Accident Only with Proper Authorities

☐ Obtain Names and Addresses of Witnesses. (Use witness cards supplied)

☐ Complete This Card At the Scene of Accident

☐ Comply With Any Required Alcohol/Drug Test

☐ RETURN ENTIRE PACKET TO SUPERVISOR

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33F-2 Rev. 2/12
RM 5815
Were any mechanical defects apparent at the time of the accident? Explain

Were you wearing safety belts?

**VEHICLE NO. 2**

<table>
<thead>
<tr>
<th>Type</th>
<th>Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>Year</td>
</tr>
<tr>
<td>Driver</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

**VEHICLE NO. 3**

<table>
<thead>
<tr>
<th>Type</th>
<th>Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>Year</td>
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<tr>
<td>Driver</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License # &amp; State</th>
<th>Owner</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Insurance Co.</th>
<th>Policy No.</th>
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</table>

**DEATH AND INJURY**

Persons Killed

Persons Injured

Was anyone taken away from scene for medical treatment (Who & Where Taken)

**INVESTIGATION**

Was Accident Investigated by Police?

Department       Badge #

<table>
<thead>
<tr>
<th>Officer</th>
<th>Citation Issued?</th>
<th>List persons cited or arrested &amp; charges</th>
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<tbody>
<tr>
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<td></td>
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</tbody>
</table>

**YOUR VEHICLE**

**ACCIDENT DATA**

Date       Time

<table>
<thead>
<tr>
<th>Place</th>
<th>(Town, City, State)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Roadway</th>
<th>(Rt. #, Street, Intersecting Hwys.)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Landmark</th>
<th>(Near Bridge, Milepost, etc.)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**ACCIDENT DATA**

Driver

Truck/Tractor No.       Trailer No.

<table>
<thead>
<tr>
<th>Driver</th>
<th>Tractor No.</th>
<th>Trailer No.</th>
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**DEATH AND INJURY**

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</table>
WITNESS CARD

Did you see the accident _______________ Did anyone appear injured ______ Were you riding in a vehicle involved ______
Which one ______ Who do you think was responsible for the accident ______________________________________

Your Name
__________________________________________
Address
__________________________________________
Phone
__________________________________________

PLEASE RETURN THIS CARD TO THE DRIVER

Thank You!

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Rev. 5/95
RM 5809
ACCIDENT NOTIFICATION CARD

I am unable to leave the scene of this accident. Please call COLLECT the number on the bottom of this card. Tell them it is an “Accident Call” and give them this information:

Driver Involved __________________________________________

Company Name __________________________________________

Location of Accident (ROUTE NUMBER)

__________________________ or __________________________

(CITY) (DISTANCE FROM NEAREST CITY)

Driver Injured ____________________________

(NONE OR NATURE OF INJURY)

Others Injured ____________________________

(NONE OR NATURE OF INJURY)

Damage to Equipment ____________________________

Equipment can move under its own power:

☐ Yes  ☐ No

PLEASE CALL COLLECT AND SAY:

“THIS IS AN ACCIDENT CALL”

Area Code No.

IF THERE IS NO ANSWER, CALL:

Area Code No.

THANK YOU FOR YOUR HELP!

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EXONERATION CARD

TO WHOM IT MAY CONCERN:

I hereby exonerate and free from all negligence or blame driver
__________________________________________ and his employer in connection with
an accident involving the undersigned which occurred at ________
on this date __________________________.

Location ____________________________________________________________

Name ________________________________________________________________

Signature ___________________________ Date __________________________

Address ____________________________________________________________

Witnessed By _______________________________________________________

Signature ___________________________ Date __________________________

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