



## DRIVER'S REPORT OF ACCIDENT

### IMMEDIATELY AFTER AN ACCIDENT:

1. Stop at once.
2. Provide any assistance to injured parties.
3. Contact the local police authority.
4. Phone your supervisor if there is personal injury or extensive property damage.
5. Do not discuss the accident with anyone other than the police authority, your employer or a representative of RESIG.
6. Complete this report as soon as possible.

### DISTRICT VEHICLE

**District:**

**CDL#:**

**Address:**

**License Plate #:**

**District Identifier:**

**# of People in Vehicle:**

**Description of damages:**

**Driver:**

**Phone #:**

**Vehicle Year:**

**Vehicle Make:**

**Vehicle Model:**

**Vin #:**

### OTHER VEHICLE

**Owner:**

**License Plate #:**

**Vehicle Year:**

**Vehicle Make:**

**Vehicle Model:**

**Ins. Carrier:**

**Ins. Policy #:**

**Ins. Phone #:**

**Driver Name:**

**CDL#:**

**Phone #:**

**Email:**

**Address:**

**# of People in Vehicle:**

**POLICE INFORMATION**

**Department:**

**Officer:**

**Case #:**

**Badge #:**

**WITNESS INFORMATION**

**Name:**

**Address:**

**Phone #:**

**Email Address:**

- District Passenger**
- Other Vehicle Passenger**
- Witness Not Involved in Accident**

**Name:**

**Address:**

**Phone #:**

**Email Address:**

- District Passenger**
- Other Vehicle Passenger**
- Witness Not Involved in Accident**

**ACCIDENT DETAILS**

**Date:**

**Location:**

**Your Speed:**

**Citation Issued:**  **Yes**  **No**

**Reason:**

**Time:**

**Other Speed:**

**Against Whom:**

**INJURED PERSONS**

**Name:**

**Address:**

**Phone #:**

**Email:**

**Type of Injury:**

**Name:**

**Address:**

**Phone #:**

**Email:**

**Type of Injury:**

**ACCIDENT CONDITIONS**

**Weather:**

Clear      Cloudy      Fog      Rain      Sleet      Snow      Other:

**Condition:**

Dry      Wet      Icy      Pot Holes      Other:

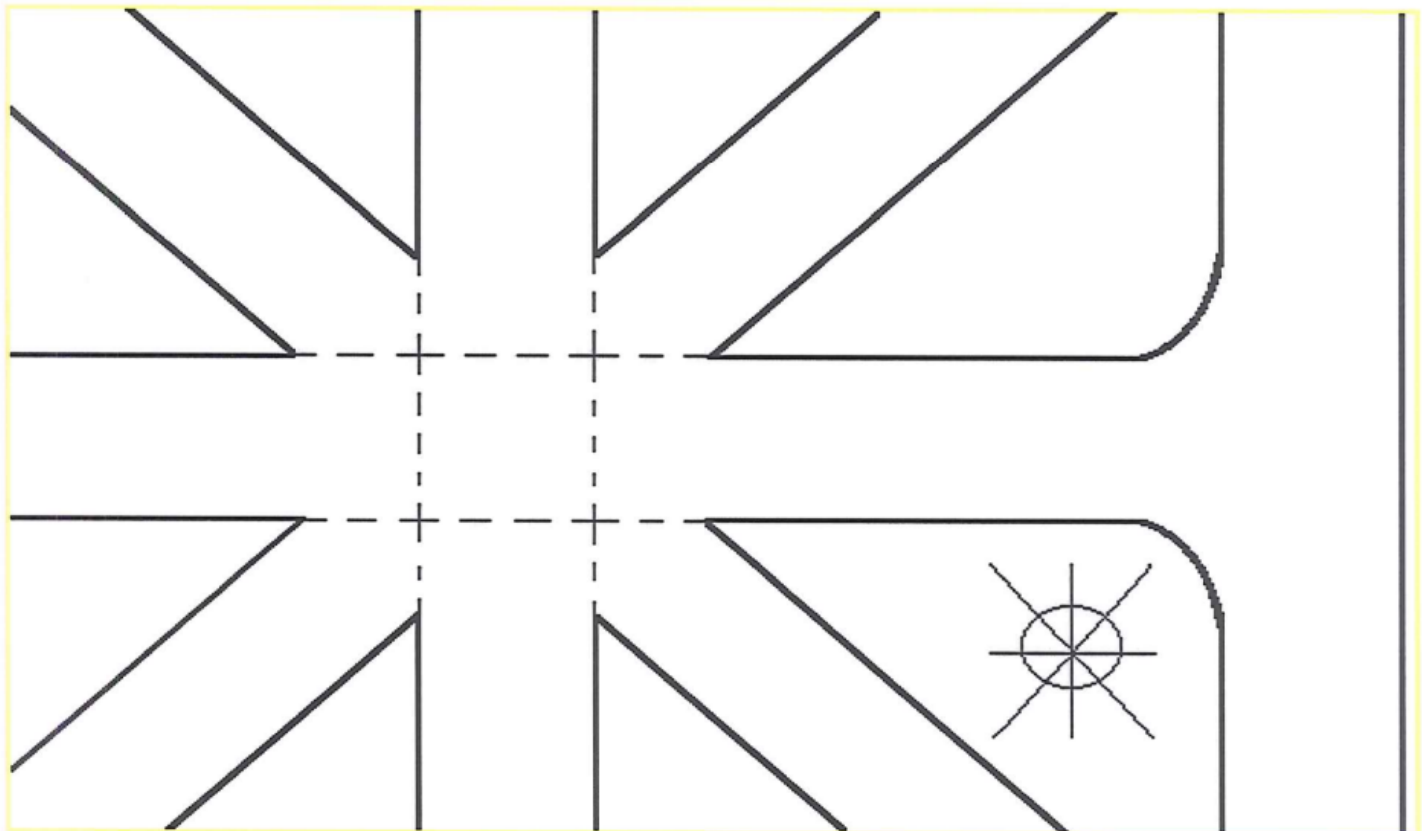
**Traffic Control**

Light Traffic      Stop Sign      Railroad      No Intersection      No Controls      Other

**Roadway:**

# of Lanes Each Direction:      Residential      Divided Hwy.      Undivided Hwy.

**Description of Accident:**



Your Vehicle



Pedestrian



- Draw and name roadway, showing each vehicle, direction of travel and point of impact.

Other Vehicle



Yield



- Indicate travel before the accident with a solid line and post-accident with a broken line.

Third Vehicle



Stop Sign



- Please be as specific and detailed as possible.