“On the spot” vehicle accident report

WHAT TO DO IF YOU ARE INVOLVED IN AN ACCIDENT

If You Are Involved In An Incident:

- **Stop at once!** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of bystanders.

- **If fire or smoke is present**, evacuate vehicle occupants to a safe location. If stalled on a railroad track, evacuate occupants to a safe location away and at a right angle from the tracks.

- **If fire, smoke or spilled fuel is present**, send for the fire department. Do not leave the scene; ask a bystander to call the fire department. If possible, use a spill kit to absorb the spill.

- **Protect the scene.** Set emergency warning devices to prevent further injury or damage. Secure your vehicle and its contents from theft.

- **Secure assistance** of the police whenever possible. Record names and badge numbers.

- **Record names, addresses and phone numbers** of all witnesses, injured and driver(s) and their passengers. Record vehicle license numbers.

- **Do not argue!** Make no statement except to the proper authorities. Sign only official police reports. Do not make statements regarding the operating condition of your vehicle and do not admit fault.

- **Report the incident to your dispatcher/supervisor IMMEDIATELY** after first aid has been given, authorities have been notified, the scene has been protected and you are able to do so.

- **Complete the incident report** at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s).

- **If you strike an unattended vehicle** and cannot locate the owner, leave a note with your name and the company’s address and phone number, get the vehicle description, VIN number and license plate number.

**Phone or online claim reporting**

Please report your claims 24 hours a day, 365 days a year using the toll-free claim reporting numbers below:

Please call:

- Business Insurance claims: 1.800.238.6225
- National Accounts claims: 1.800.832.7839
- Construction claims: 1.877.828.4132


**Note:** The two-page “On The Spot” Vehicle Accident Report form begins on the following page.
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INJURIES — Describe nature of any apparent injuries:

Driver: _____________________________
Injury: _____________________________

Passenger: _____________________________
Name: _____________________________
Address: _____________________________
Injury: _____________________________

Other Driver: _____________________________
Name: _____________________________
Address: _____________________________
Injury: _____________________________

Other Passenger, Pedestrian: _____________________________
Name: _____________________________
Address: _____________________________
Injury: _____________________________

POLICE OFFICER ASSISTING

Name: _____________________________
Headquarters: _____________________________
Badge No.: _____________________________

Police report made? □ Yes □ No
Citations issued: _____________________________

PROPERTY DAMAGE — Describe nature of damage:

Your Vehicle: _____________________________

Property other than Vehicles: _____________________________

Other Vehicle: _____________________________
Owner: _____________________________
Phone: _____________________________
Driver: _____________________________
Phone: _____________________________
Vehicle Make: _____________________________
License No.: _____________________________
Insurance Company: _____________________________

Owner: _____________________________
Phone ( ) _____________________________

WITNESSES

Name: _____________________________
Address: _____________________________
Phone: _____________________________

Name: _____________________________
Address: _____________________________
Phone: _____________________________

Name: _____________________________
Address: _____________________________
Phone: _____________________________
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### ACCIDENT INFORMATION

- **Date:**
- **Time:**
- **Location:**
  - Name of Street or Highway/Number:
  - City, Town, County:
- **Direction:**
  - Yours:
  - Other:
- **SPEED:**
  - Yours:
  - Other:
- **TRAFFIC CONTROL:**
  - Stop sign:
  - Yours:
  - Other:
- **SEAT BELT:**
  - Used:
  - Not Used:
- **AIR BAG INFLATED:**
  - Yes:
  - No:

### WEATHER:

- Clear
- Raining
- Sleeting
- Dust/Smoke/Fog
- Snowing
- High Wind
- Fog
- Other:

### AREA:

- Residential
- Commercial
- Rural
- Other:

### PAVEMENT:

- Asphalt
- Concrete
- Steel
- Wood
- Gravel/Dirt
- Brick/Stone
- Other:

### CONDITION:

- Dry
- Wet
- Slippery
- Pot Holes
- Other:

### ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

### ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line.

### SYMBOLS:

- Your Vehicle
- Other Vehicle:
- Pedestrian
- Stop Sign
- Semaphore
- Yield
- Railroad
- Point of Impact

**Indicate direction:**

**At what distance did you notice danger?**

_________ feet
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For more information, log in to the Risk Control Customer Portal at travelers.com/riskcontrol. (Need help? Read our Registration Quick Guide.) You also can contact your Risk Control consultant or email Ask-Risk-Control@travelers.com.