

# Vehicle Accident Report



HENDERSON  
BROTHERS®

IF YOU HAVE AN ACCIDENT

• **DO:**

1. Call 911 immediately if damage or injuries are involved and request medical assistance and file an officer report.
2. Call Supervisor
3. Obtain the other driver's license number, insurance information from their Insurance Verification card and a description of the vehicle from their registration card.
4. If safe, take photos of all four corners of all vehicles, license plates, skid marks, and all angles of the roadway approach and persons in the vehicles involved in the accident.

• **DO NOT:**

1. Admit any responsibility or many any statements about the accident to anyone other than:
  - Police officer
  - Your Supervisor
  - Safety Officer
  - Risk Management officer

**Remember that you are an employee of Clever Bee Academy and need to act professionally at all times.**

Employee shall complete all applicable sections of this form. In case of driver injury, passenger/supervisor shall complete this form. Submit this form to your supervisor **the same day but no later than the next business day** after the accident. Supervisors/Managers shall complete an initial investigation, review this form for completeness, and submit it to Henderson Brothers, Inc. **within 24 hours** of the accident.

**Police:**

Name: \_\_\_\_\_ Badge # \_\_\_\_\_  
Dept. \_\_\_\_\_ City: \_\_\_\_\_  
Who Received Ticket? \_\_\_\_\_

**Injured Persons:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature & Extent: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature & Extent: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_  
\_\_\_\_\_

**Your Vehicle:**

Vehicle: \_\_\_\_\_  
Year Make Body Style

License # \_\_\_\_\_ Vehicle # \_\_\_\_\_

Owner: \_\_\_\_\_

Driver: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Damage: \_\_\_\_\_

Passengers: \_\_\_\_\_

**Other Vehicle:**

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Phone: \_\_\_\_\_ # of Passengers: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Vehicle: \_\_\_\_\_  
Year Make Body Style

Vehicle License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy #: \_\_\_\_\_

Damage: \_\_\_\_\_

**Witnesses:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Statement: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

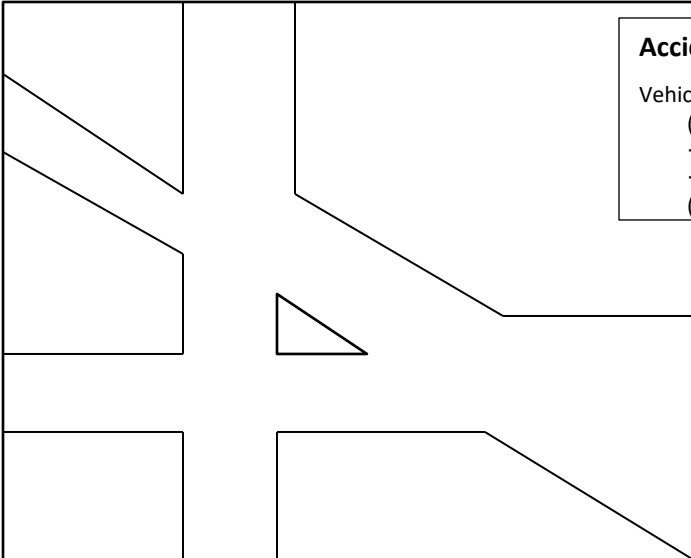
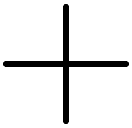
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Statement: \_\_\_\_\_

**Was Ambulance called?** Yes ☐ No ☐

## Instructions for Filling Out Accident Program

- Indicate compass direction on diagram
- Name streets or roads and (if any) railroad tracks
- Indicate direction and position of each vehicle involved in the accident
- Use the letter (A) to designate District vehicle and (B), (C), etc., for other vehicle(s)

	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>Accident Diagram</b> Vehicle Symbol (A) → → (B) → (C) →</div> <div style="text-align: center;"> Compass</div>
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What was the purpose of the travel? \_\_\_\_\_

Road Type:    ☐ Residential    ☐ Business/Commercial    ☐ Industrial    ☐ Freeway    ☐ Highway  
                  ☐ Alley            ☐ Parking Lot            ☐ Rural Road

Describe what Occurred: \_\_\_\_\_

Weather Conditions:   ☐ Clear    ☐ Overcast/Foggy   ☐ Light Rain    ☐ Medium Rain    ☐ Heavy Rain    ☐ Standing Water

Were seatbelts being worn?   ☐ Yes            ☐ No

### Signatures

Employee: By signing this document you are confirming that the information provided is accurate and complete.

\_\_\_\_\_  
Employee/Driver

\_\_\_\_\_  
Date

Supervisor: By signing this document, you are confirming that you have reviewed the information on this form with the employee for thoroughness and accuracy.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

Supervisor comments (include info. for Accident Review Committee to consider): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_