

**DRIVER'S ACCIDENT REPORTING PACKET**

**Contains:**

Accident Report  
Witness Cards

**WHEN AN ACCIDENT HAPPENS, STOP:**

1. Aid the injured.
2. Notify Central Dispatch and advise of injuries. Central Dispatch should (a) notify police, (b) notify our headquarters, (c) notify medical aid to respond.
3. Obtain name and address of investigating police officer and badge number.
4. Obtain facts about damages to your vehicle.
5. Obtain facts about damages to other vehicle(s) and/or property damaged.
6. Get witnesses. Pass out witness cards and collect upon completion.
7. Obtain facts about injured person(s).
8. Describe the accident on the accident report.
9. Call you local insurance agent to report accident.
10. Do not discuss the accident except with police, or with your insurance company representative.

FURNISHED THROUGH THE COURTESY OF



183 Leader Heights Road  
P.O. Box 2726  
York, Pennsylvania 17405  
(717) 741-8911  
(800) 238-1987



C10-001 Rev. 4/85

**WITNESS CARD**

Date of Accident \_\_\_\_\_ Location \_\_\_\_\_

How did the accident occur? \_\_\_\_\_

Was anyone injured? \_\_\_\_\_

What was your involvement in the accident? \_\_\_\_\_

Name of Witness \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Insured \_\_\_\_\_

**Glatfelter  
Insurance  
Group**  
717-741-0911

**THANK YOU!**

Item No. A08-001 (REV 1/88)



# Vehicle Accident/Loss Investigation Report

Appendix 2

(This is not a claim form)

Fire Department \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Driver \_\_\_\_\_ Vehicle ID/Unit Number (VIN)  
 Type of Vehicle \_\_\_\_\_  
 Date Driver Last Certified On Above Vehicle \_\_\_\_\_  
 Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Date Reported \_\_\_\_\_  
 Location of Accident \_\_\_\_\_

**Roadway**

- Straight
- Curve
- On Grade
- Level
- Hillcrest
- Dry
- Wet
- Muddy
- Snowy
- Icy
- Oily
- 2-lane
- 3-lane
- 4-lane
- Divided
- Rural
- Other \_\_\_\_\_
- Lanes marked
- Lanes unmarked
- No road defects
- Holes, ruts, etc.
- Loose material
- Other \_\_\_\_\_

**Accident Occurred:**

- At station
- Responding to emergency
- At emergency scene
- Returning from emergency
- Training
- Convention or parade
- Other \_\_\_\_\_

**Type of Loss**

- Personal injury
- Property damage
- Vehicle damage

**Weather**

- Clear
- Rain
- Snow
- Sleet
- Fog
- Other \_\_\_\_\_

Description Of Accident \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Motor Vehicle Diagram**

Complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.

Indicate North ↑



**Instructions:**

1. Show vehicles and direction of travel
2. Use solid line to show path of each vehicle before accident dotted line after accident...

Give Street Names and Directions

Your Vehicle

Other Vehicle

**Safety Analysis**

**What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)**

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**What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)**

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**What action has or will be taken to prevent recurrence? Place "X" by items completed.**

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**Safety Supervisor's Comments**

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**Driver's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Safety Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Appendix 1

**WITNESSES**

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Where was witness? \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Where was witness? \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Where was witness? \_\_\_\_\_

**PERSONS INJURED**

1. Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Nature of injuries \_\_\_\_\_  
 Where was injured person taken? \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Nature of injuries \_\_\_\_\_  
 Where was injured person taken? \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Nature of injuries \_\_\_\_\_  
 Where was injured person taken? \_\_\_\_\_



Agri-Business  
 Insurance Agency  
 Forestry Insurance Agency, Inc.  
 Quincy, Oklahoma  
 & Zurich Agency, Inc.  
 Municipal Service Agency  
 Robert S. Munn, Inc.  
 WPS

183 Leader Heights Road  
 P.O. Box 2728  
 York, Pennsylvania 17405  
 (717) 741-0911  
 Toll free (800) 233-1957

**ACCIDENT REPORT**

Keep this form in the glove compartment of your car. In case of an accident fill in all available information right at the scene.

**#A  
 DAMAGE TO YOUR VEHICLE**

Name of Insured \_\_\_\_\_  
 Make of Car \_\_\_\_\_  
 Motor No. \_\_\_\_\_  
 Driver's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Damage \_\_\_\_\_

Police Report?  Yes  No  
 Name of Police Dept. \_\_\_\_\_

If witness or witnesses are in another car and refuse to give their names, write down the license number.  
 License No. \_\_\_\_\_ License No. \_\_\_\_\_

**#B  
 DAMAGE TO PROPERTY OF OTHERS**

Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ State Lic. \_\_\_\_\_  
 Make of Car \_\_\_\_\_ Year \_\_\_\_\_  
 Driver \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Chauffeur or Driver's License No. \_\_\_\_\_  
 Is other car insured? \_\_\_\_\_ Name of Co. \_\_\_\_\_

