MOTOR VEHICLE ACCIDENT REPORT

WHAT TO DO IN CASE OF AN ACCIDENT

1. When conditions and/or regulations permit, move onto shoulder or side of roadway to prevent further damage/hazards. Place warning signals promptly.
2. Ask someone to summon police and medical assistance if there is an injury. Repeat after five minutes.
3. KEEP CALM. Be courteous. Don't argue. Make no statement concerning the accident to anyone except a police officer. Get the officer's name and badge number. Do not accept responsibility.
4. Complete the Accident Report attached on the scene. Fill in all information on the Vehicle Accident Report (Pages 2 and 3). Give this package to your Supervisor upon return to the office to complete the Manager Investigation Report (Page 4).
5. Obtain names and addresses of any witnesses.
6. Obtain the names and addresses of persons injured regardless of how minor the injury. Try to learn where injured parties will be treated.
7. Do not administer First Aid unless you are qualified to do so.
8. Report as soon as possible to your supervisor. Give this packet to your supervisor upon return to office for completion of the Investigation Report.
9. Listed below is the supervisory notification call order:
   a. Your direct supervisor
   b. Safety Manager – Heather Tibbitts 614-440-0898
   c. HR – Melisa Egbert 513-349-9559
10. Before leaving the accident scene, check to make sure you have all of the facts.

To be completed by Driver

MOTOR VEHICLE ACCIDENT REPORT

Employee or driver

Driver Name			**Company Name**	
Business Address		**Business Phone**	**Was vehicle being used for company business?** ☐ Yes ☐ No	
Operator Driver's License #	**License Restrictions?** ☐ Yes ☐ No	**If Yes, specify:**	**Previous accidents with company vehicles?** ☐ Yes ☐ No	
License Plate #	**Year**	**Make**	**Model**	**# of Passengers**
Vehicle: ☐ Owned ☐ Leased?	**Describe damages to company vehicle**			

Other Vehicles

Owner Car 2	**Phone Number**	**Owner Car 3**	**Phone Number**
Address (street, city, zip)		**Address (street, city, zip)**	
Driver Name	**License Plate Number**	**Driver Name**	**License Plate Number**
Driver Address (street, city, zip)		**Driver Address (street, city, zip)**	
Vehicle Make / **Model** / **Year**		**Vehicle Make** / **Model** / **Year**	
Name of Passengers (if any)		**Name of Passengers (if any)**	
Describe Damage		**Describe Damage**	
Insurance Company / **Policy #** / **State DL Number**		**Insurance Company** / **Policy #** / **State DL Number**	

Other Property

Fully Describe Damage
Name and Address of Owner

Injured Parties

Name	**Extent of Injury**	**Age**	**Veh 1**	**Other Veh 2**	**Other Veh 3**	**Ped**

Witnesses

Name	**Address**	**Phone Number**

Other Reports

Police Involvement? ☐ Yes ☐ No **Citation Issued?** ☐ Yes ☐ No	**Which Police Agency?** State ☐ City ☐ Town ☐ County Sheriff ☐ Other: **Officer Name and Badge #:** **To Whom?** ☐ Vehicle 1 ☐ Vehicle 2 ☐ Vehicle 3

To be completed by Driver

MOTOR VEHICLE ACCIDENT REPORT

Check all that apply:

☐ Straight Road	☐ One Lane	☐ Level
☐ Curve Right	☐ Two Lane	☐ Hill Crest
☐ Curve Left	☐ Three Lane	☐ Hill Uphill
☐ With Turning Lane	☐ Four Lane	☐ Hill Downhill

Attach a drawing or show on the diagram below, the position of each car, vehicle or injured person, indicating (with an arrow) the direction of travel of each. If the street or view was obstructed in any way, indicate where and how; also indicate any traffic signals or devices, or signs, including lines on the road.

DRIVER:		SUPERVISOR:	
Print Name:		Print Name:	
Signature:		Signature:	
Report completed by (if different):		Date:	

To be completed by Manager

MANAGEMENT ACCIDENT INVESTIGATION REPORT

EMPLOYEE INFORMATION

Driver/Employee Name		**Date of Accident**
Time of Accident	**Job Title**	**Employee #**
Employee Department	**Employment Date:**	

ACCIDENT ANALYSIS

Location of Accident
Job being performed when accident occurred
Nature of Accident
Description
Employee Previous Accidents

Corrective Measures

List any measures implemented to prevent reoccurrence:	
Completed by:	Date:
Implemented by:	Date:

MOTOR VEHICLE ACCIDENT REPORT
ADDITIONAL COMMENTS