

"On the Spot" Vehicle Accident Report



If You Are Involved In An Incident:

1. 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.

2. 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.

3. 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.

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

5. Secure Assistance of the police whenever possible. Record names and badge numbers.

6. Record Names, Addresses, and Phone Numbers of all witnesses, any injured parties and driver(s) and their passengers. Record vehicle license numbers.

7. 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.

8. Report the Incident to Your Dispatcher/Supervisor/Public Safety IMMEDIATELY after first aid has been given, authorities have been notified, the scene has been protected and you are able to do so.

9. Complete the Incident Report at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s).

10. 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 Number for Claim Reporting: Please call 610.902.8111*

***Please note, calls received without caller ID enabled cannot be connected to the Cabrini Dispatcher.**

Note: The two-page "On The Spot" Vehicle Accident Report form begins on the following page.

INJURIES — Describe nature of any apparent injuries:

Driver:
 Injury _____

Passenger:
 Name _____
 Address _____
 Injury _____

Other Driver:
 Name _____
 Address _____
 Injury _____

Other Passenger, Pedestrian:
Name _____
 Address _____
 Injury _____
Name _____
 Address _____
 Injury _____
 Where taken after accident _____

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 _____

 Owner _____ Phone () _____

Other Vehicle _____

 Owner _____ Phone () _____
 Driver _____ Phone () _____
 Vehicle Make _____ License No. _____
 Insurance Company _____

WITNESSES

Name _____ Phone () _____
 Address _____
Name _____ Phone () _____
 Address _____

Name _____ Phone () _____
 Address _____
Name _____ Phone () _____
 Address _____

**“ON THE SPOT”
 ACCIDENT REPORT**

My Name _____ Age _____
Driver's License _____ State _____
Employee No. _____

My Vehicle _____ (Year) _____ (Make) _____
 _____ (Unit No.) _____ (License No.) _____ (State) _____
 _____ (Unit No.) _____ (License No.) _____ (State) _____

Company Owned Owner Operator
 Home Base _____
 Job Title _____
 Business Use Personal Use

INSURANCE IDENTIFICATION
 Policy Number _____
 Insured's Name _____
 Emergency Phone No. () _____
Your Agent: _____

ACCIDENT INFORMATION

Date _____ Time _____ A.M. Daylight
 P.M. Dark

LOCATION:

Name of Street or Highway Number _____ (Closest Intersection or Landmark)
 City, Town, County _____ (State)

WEATHER:

Clear Raining Snowing Fog
 Sleetng Dust/Smoke/Fog High Wind Other _____

AREA:

Residential Commercial Rural Other _____

PAVEMENT

Asphalt Concrete Gravel/Dirt Brick/Stone
 Steel Wood Other _____

CONDITION

Dry Wet Slippery Pot Holes
 Other _____

DIRECTION:

	N	E	S	W	Other
Yours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

SPEED:

Posted _____ Actual when danger noticed _____
 Yours _____
 Other _____

TRAFFIC CONTROL:

Stop sign:
 1 Way 2 Way
 3 Way 4 Way
 Yield Semaphore
 Police/Flag Person Railroad
 Uncont. Intersection
 Not an Intersection.

SEAT BELT:

Used Not Used

AIR BAG INFLATED:

Yes No

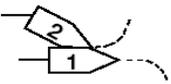
ACCIDENT DESCRIPTION

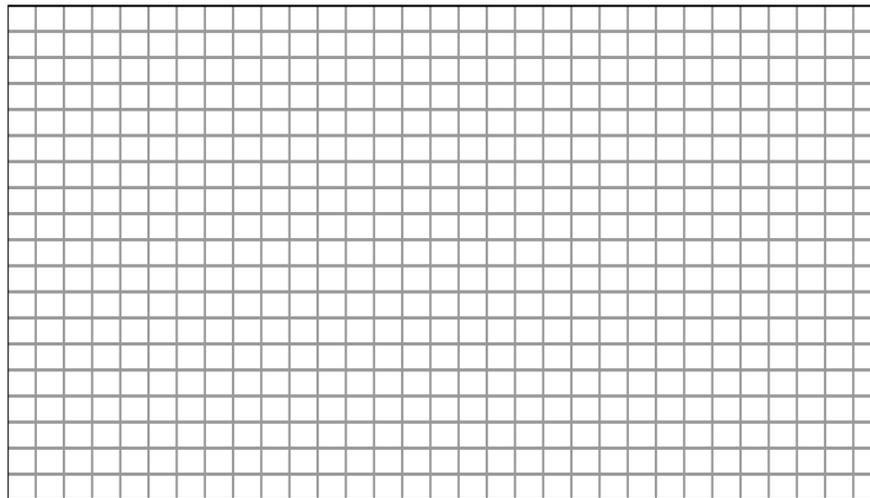
Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

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 **1**
- Other Vehicle: **2**
- 3**
- Pedestrian 
- Stop Sign 
- Semaphore 
- Yield 
- Railroad 
- Point of Impact 



Indicate direction _____



At what distance did you notice danger?

_____ feet