

# ACCIDENT REPORT KIT

**Keep this kit in the vehicle at all times.**

This information is for the driver's and City's use only; it does not replace a regular police accident report.

The purpose of this report is to inform Human Resources and Risk Management about the accident. Please refer to the *Employee Resource Guide (2019 edition)* for details.

## **Always take the following steps when you have a vehicular accident:**

1. Stop immediately
2. Call 911. If someone is injured, ask for medical assistance.
3. Take safety precautions as required by law. If possible, take steps to prevent further accidents – park safely, set up warning devices.
4. Give other drivers your name and address, City's name and address, the vehicle's license plate number and your driver's license number.
5. Discuss the specifics of the accident **only with the police and your employer**. Do not make any comments regarding responsibility for the accident. Please be courteous.
6. Take pictures of your vehicle and other party's vehicle/property. In particular – damaged parts/areas.
7. Notify your supervisor immediately. You might be required to be taken to the healthcare facility to get tested for drugs and alcohol immediately after the accident.
8. If you have been injured, please contact **Human Resources** immediately at **239-389-3970/LSanford@cityofmarcoisland.com**. You will have to submit Workman's Compensation Notice of Injury and Other Workers Compensation paperwork.
9. Report all accidents involving City vehicles or City facilities, regardless of damage, to **Risk Management** at **239-389-5011/AJohanning@cityofmarcoisland.com**

**DRIVERS ACCIDENT REPORT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Location of accident: \_\_\_\_\_

Conditions:

Road:  Dry  Wet

Weather:  Rain  Clear  Fog

Light:  Daylight  Dark  Dusk

Highway:  Divided  Undivided

Number of Lanes: \_\_\_\_\_

Which vehicle were you operating?

Vehicle \_\_\_\_\_ Plate # \_\_\_\_\_

Unit # \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

**DRIVER (Yourself)**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell # \_\_\_\_\_

Other occupants in vehicle:

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

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

Name of investigating officer: \_\_\_\_\_ Badge # \_\_\_\_\_

Station assignment of officer \_\_\_\_\_

**OTHER DRIVER(S) and VEHICLE(S)**

1. Name of Vehicle Owner: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Operator/Driver License # \_\_\_\_\_ State \_\_\_\_\_

Vehicle Description \_\_\_\_\_ Year \_\_\_\_\_ Plate \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

2. Name of Vehicle Owner: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Operator/Driver License # \_\_\_\_\_ State \_\_\_\_\_

Vehicle Description \_\_\_\_\_ Year \_\_\_\_\_ Plate \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**WITNESSES**

List names of any witnesses below: Provide them with a witness card. Ask them to please fill it out for you.

1. \_\_\_\_\_

2. \_\_\_\_\_

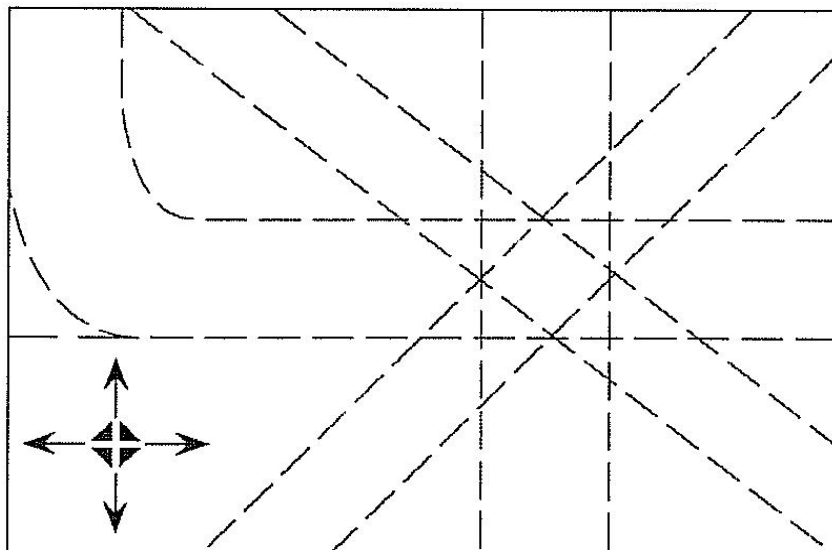
3. \_\_\_\_\_

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DRIVER (Yourself)

Diagram vehicle locations at time of accident.

Speed of your vehicle? \_\_\_\_\_



Indicate directions on above arrows

Yours      Show vehicles.    ①   ②  
            Other

Details:

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Damage to your vehicle:

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Injured People?

Yes       No

**ATTACH ADDITIONAL PAGES IF NECESSARY**