

**DRIVER & VEHICLE**

Insured Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Insured Driver's Name \_\_\_\_\_  
Tractor # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_  
Serial # \_\_\_\_\_  
Trailer # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_  
Serial # \_\_\_\_\_  
Commodity Hauling \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Phone (See CAB Card) \_\_\_\_\_  
Policy Number(s) \_\_\_\_\_

**INJURED PERSON**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_

**DAMAGE TO PROPERTY**

(Other than vehicle)

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
What is damaged property \_\_\_\_\_

**WITNESSES**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_

**THE ACCIDENT**

Date \_\_\_\_\_ Time \_\_\_\_\_  
Location \_\_\_\_\_

#2 Driver's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
VEH License No. \_\_\_\_\_ Yr/Make VEH \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

#3 Driver's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
VEH License No. \_\_\_\_\_ Yr/Make VEH \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

Police Department \_\_\_\_\_  
Officer \_\_\_\_\_ Badge # \_\_\_\_\_

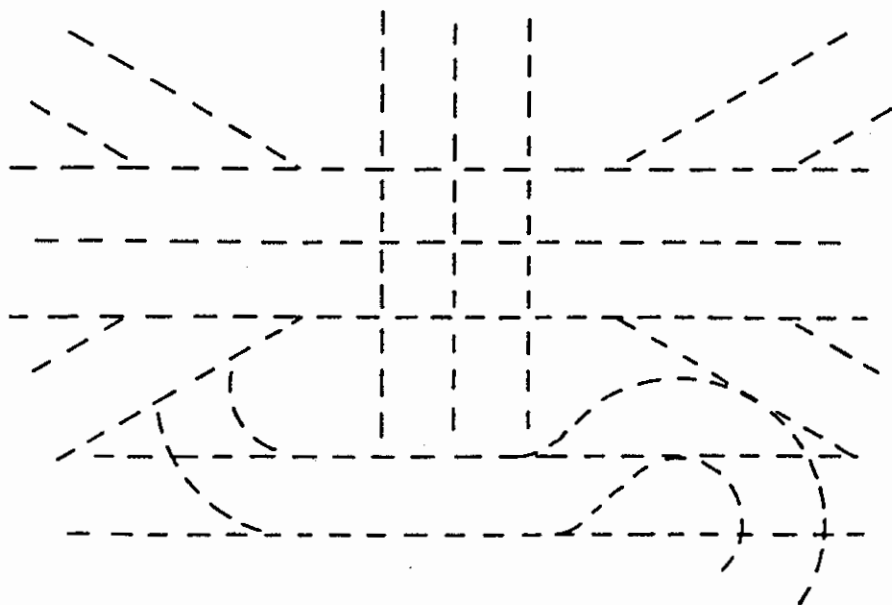
Was anyone given a citation or arrested? \_\_\_\_\_  
If yes, what were the charges? \_\_\_\_\_

Did Police make a report?  Yes  No Report # \_\_\_\_\_  
Did Police take photos?  Yes  No

On reverse side — indicate how the accident occurred  
and explain the circumstances.

### THE ACCIDENT

Indicate below the Points of Collision



**N** ( ) Draw arrow to show North.

ROAD SURFACE (concrete, gravel, blacktop, etc.)

ROAD CONDITIONS (dry, snowy, wet, icy, etc.)

WEATHER CONDITIONS (fair, raining, fog, etc.)

LIGHT CONDITIONS (daylight, dusk, etc.)

Explain in your own words what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# MARVIN JOHNSON

& ASSOCIATES, INC.

**READ ALL INSTRUCTIONS IMMEDIATELY.**

**REPORT ALL ACCIDENTS IMMEDIATELY**

FOR LIABILITY CLAIMS CALL-  
WESTFIELD INSURANCE CO  
866-937-2663

FOR CARGO CLAIMS CALL-  
TRAVLERS 800-238-6225

**CALL 1-800-457-1470**

**800-446-1470**

STOP! TURN ON YOUR FLASHERS AND SHUT DOWN THE ENGINE. DO NOT MOVE YOUR VEHICLE UNLESS THERE IS A FIRE.

**SET OUT WARNING DEVICES.**

ASSIST THE INJURED, BUT DO NOT MOVE ANYONE UNLESS AN EMERGENCY REQUIRES IT. WAIT FOR MEDICAL ASSISTANCE.

CALL THE POLICE AND YOUR COMPANY. USE A PHONE, CB OR ASK A PASSERBY TO ASSIST — USE ACCIDENT NOTIFICATION CARD.

STAY AT THE SCENE. BE POLITE AND COURTEOUS. GIVE YOUR NAME, ADDRESS, COMPANY NAME AND ADDRESS AND VEHICLE REGISTRATION, AND EXHIBIT YOUR DRIVER'S LICENSE TO THE LAW AUTHORITIES. DO NOT SIGN ANYTHING, OR MAKE ANY STATEMENTS EXCEPT TO THE POLICE, YOUR COMPANY OR YOUR COMPANY'S INSURANCE COMPANY. DO NOT ADMIT FAULT, OR APOLOGIZE.

IF THE OTHER PARTY ADMITS FAULT, ASK THEM TO COMPLETE AN EXONERATION CARD. DO NOT COMPLETE AN EXONERATION CARD FOR ANYONE ELSE.

FILL IN THE ACCIDENT REPORT AT THE SCENE. TAKE PICTURES IF POSSIBLE. BE SPECIFIC AND GET AS MUCH INFORMATION AS YOU CAN. SECURE NAMES OF WITNESSES AND RECORD LICENSE PLATE NUMBERS AND STATES OF ISSUE.

PROTECT YOUR VEHICLE FROM THEFT OR FURTHER DAMAGE. REMAIN AT THE SCENE UNTIL RELEASED BY AUTHORITIES. IF NO AUTHORITIES ARE AT THE SCENE, REMAIN UNTIL ALL THE ABOVE REQUIREMENTS ARE MET.

DO YOU NEED TO BE DRUG TESTED?

RETURN COMPLETED ACCIDENT REPORT TO YOUR SUPERVISOR AS SOON AS POSSIBLE. ASK FOR A NEW ACCIDENT PACKET FOR YOUR TRUCK.