

Accident Data

Driver Name _____

Date _____ Time _____

Department _____

Location _____
(TOWN/CITY)

Roadway _____
(Street, intersection)

Landmarks _____
(Bridge, restaurant, etc.)

Describe weather conditions:

Persons Injured _____

Was anyone taken away from the scene for treatment? If so who & where?

Name of Police Officer who responded _____

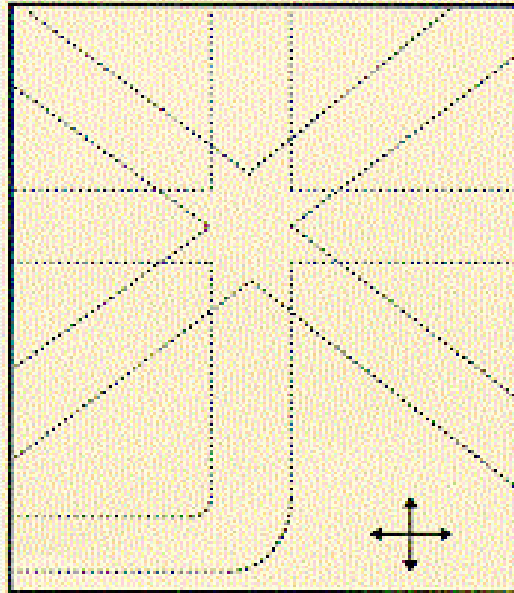
Department/Badge # _____

Was a citation issued? _____

Sketch accident

Use the outline below to sketch the scene of your accident.

1. Number each vehicle and show direction of travel by arrow: **1** ⇌
2. Use a solid line and arrow to show path before accident; ⇌, use a dotted line to show path after accident -----
3. Show location of landmarks by name or number, then reference below in the description.



Describe scene:

Vehicle Information

Make/Model _____

Registration # _____

Vehicle # _____

Plate # _____

Was vehicle damaged in the accident? _____

If so describe damage: _____

Were you wearing your safety belt at the time of the accident? _____

Accident Description

Explain in your own words what happened.

In the event of an accident follow the checklist below.

- Stop and set warning devices.
 - Call for Police, Ambulance, and/or Fire assistance if needed.
 - Protect your vehicle from further damage.
 - Do NOT move your vehicle until the police arrive.
 - Contact your supervisor as soon as possible.
 - Discuss accident only with police. Don't volunteer information to others or admit responsibility for the accident.
 - Obtain names and addresses of witnesses.
 - Comply with any required drug and alcohol test.
 - If you strike an unattended vehicle and the owner cannot be located you must place Town/Dept. name and address securely on vehicle.
 - COMPLETE AND RETURN THIS KIT TO YOUR SUPERVISOR.**
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Vehicle # 2 Info

Driver Name _____
Address _____
Phone _____
License #/State _____
Personal/Commercial Vehicle _____
Make/Model _____
Year _____ Plate # _____
Insurance Co. _____
Vehicle Reg. # _____

Vehicle # 3 Info

Driver Name _____
Address _____
Phone _____
License #/State _____
Personal/Commercial Vehicle _____
Make/Model _____
Year _____ Plate # _____
Insurance Co. _____
Vehicle Reg. # _____

Witnesses

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____



Vehicle Accident Kit
A Guide for MIIA Members

Complete this entire form at the accident scene and return to your supervisor.

Massachusetts Interlocal Insurance Association
One Winthrop Square
Boston, Massachusetts 02110
