VEHICLE ACCIDENT REPORT

IF YOU HAVE AN ACCIDENT:

- STAY CALM
- HELP THE INJURED Do not render first aid unless you receive permission from the injured party. Call an ambulance if anyone is injured.
- DIAL 911 Don't discuss what happened with anyone except the police.
- PREVENT ADDITIONAL ACCIDENTS Warn oncoming traffic with a light, flag or similar device.
- DO NOT ARGUE AT THE SCENE OF THE ACCIDENT Be courteous - show your drivers license, vehicle registration and proof of insurance willingly.
- DO NOT MOVE YOUR VEHICLE until police arrive on the scene and instruct you to do so.
- DO NOT ADMIT RESPONSIBILITY for the accident or give any accident statement.

PREPARE TO COMPLETE THIS REPORT

TELEPHONE a report to your employer as soon as possible.

WRITE DOWN NAMES, addresses and telephone numbers of witnesses.

OBTAIN ALL NECESSARY INFORMATION and take photos of the accident scene.

WHEN COMPLETE, SUBMIT THIS REPORT to your Employer immediately.

the uodn developed based INSURING AMERICA'S program accident prevention in this guideline o orogram

WOOD INDUSTRY

2005 MARKET STREET, SUITE 1200 PHILADELPHIA, PA 19103-7008 800.752.1895 215.625.9097 WWW.PLMINS.COM FAX WEB

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REPORT





Pennsylvania Lumbermens Mutual

INSURANCE COMPANY

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> DIAGRAM & ACCIDENT WITNESS CARDS **INFORMATION**,

> > ACCIDENT

report to PLM.

that it can be submitted as part of the claim and Witness Cards to your employer so Report, along with the Accident Diagram Give the completed Vehicle Accident

ACCIDENT DIAGRAM

important to the settlement of your claim. and return it to you. Witness accounts may be accident to fill in the information on the card Ask any person who may have witnessed the

WITNESS CARD

HOW TO USE THESE FORMS:



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Pennsylvania Lumbermens Mutual

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ACCIDENT INFORMATION

Date:	Time:			
Location:				
What direction were you going?				
What direction was other vehicle going? Speed:				
Pavement Conditions: Dry	Wet 🗆 Ice	or Snow 🛛		
Weather Conditions:				
Visibility:				
Traffic Lights: Yes 🗆 No 🗆				
Color facing you: Red 🗆 Green 🗆				
Stop or Yield Sign: Yes 🗆 N	0 🗆			
Applying to you \Box Applying to other driver \Box				

YOUR VEHICLE (Vehicle #1)

Make & Model:
Lic. Plate No. & State:
Your Name:
Your Address:
Driver's Lic. No. and State:
Injuries: Yes 🗆 No 🗆

OTHER VEHICLE (Vehicle #2)

Make & Model:
Lic. Plate No. & State:
Driver Name:
Address:
Driver's Lic. No. and State:
Phone (with area code):
Injuries: Yes 🗆 No 🗆
Insurance Co
Policy Number:

OTHER VEHICLE (Vehicle #3)

Make & Model:
Lic. Plate No. & State:
Driver Name:
Address:
Driver's Lic. No. and State:
Phone (with area code):
Injuries: Yes 🗆 No 🗆
Insurance Co
Policy Number:

(detach here)

INSTRUCTIONS FOR ACCIDENT SCENE DIAGRAM

Fill in dotted lines to correspond with the road at the accident site. Show the position of all vehicles, pedestrians, etc., using the symbols in the box to the right.

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OTHER INJURIES (Passengers & Pedestrians)			
Name:	Age:		
Address:			
Phone (with area code):			
Name:	Age:		
Address:			

Phone (with area code):_____ (List ALL persons. If necessary, continue on a separate paper.)

OTHER DAMAGE

Was there damage to any other property,				
excluding vehicles? Yes \square No \square				
If yes, explain:				

WITNESSES

Name:	Age:
Address:	
Phone (with area code):	

Name:	Age:
Address:	v
Phone (with area code):	

POLICE DEPARTMENT

Did police make a report? Yes □ No □	
Police Dept. Name:	
Police Vehicle Number:	
Officer's Name:	Badge No
Was ticket issued? Yes 🗆 No 🗖	
To whom:	

NOTES

Other vehicles, numbered successively

Your Vehicle (#1)

Pedestrian(s)

Traffic signal(s)

Traffic sign (indicate type)

WITNESS CARD

Please complete and return to Driver

Did you and the applicant?			
Did you see the accident? Date:			
Location:			
Did anyone appear injured? Were you riding in a vehicle Which one?	involved? Yes [
In your view, who was respo	onsible?		
Your Name: Address:		Age:_	
City:		Zip:	
Phone (with area code): (Work)			
(Home) (Cell)			
Please describe in detail wh	at you saw:		

Date:_____

Signature:_

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(detach here)

WITNESS CARD

Please complete and return to Driver

Date:		
Location:		
Did anyone appear injure		
Were you riding in a vehic	cle involved? Yes	□ No □
Which one?		
In your view, who was res	sponsible?	
Your Name:		Age:
Address:		
City:	State:	Zip:
Phone (with area code):		
(Work)		
(Home)		
(Cell)		
Please describe in detail v		

Continue on back side...