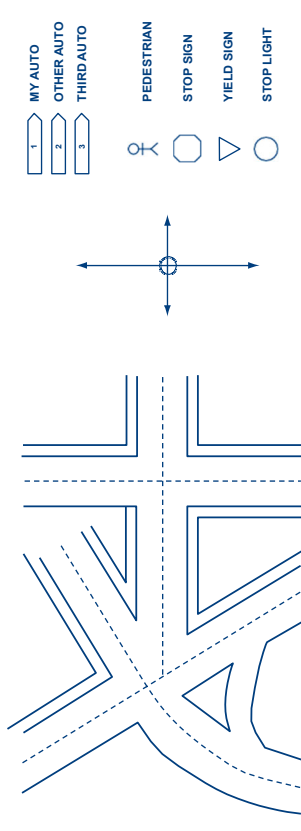


Vehicle Accident Kit

Place in vehicle glove box

Instructions at the scene of accident

- 1) Stop immediately. Pull to a safe location. Notify the police.
- 2) Determine if there are injuries and call for help.
- 3) Take pictures of the accident scene.
- 4) Exchange information with the other driver(s) and any witness(es) using the attached cards.
- 5) Do not make a statement of any kind or discuss the accident with anyone other than the police officer or your employer.



Accident Report Form *Continued from inside*
Diagram Draw the positions of all autos, persons, stop lights and signs, and all other objects in the box below (see sample →)

Witness information *Please return with Accident Report Form*

Name _____

address _____

phone _____

email _____

brief description of what you saw _____



Thank you for your information.

Other Vehicle information

Please return with Accident Report Form



Name _____	Telephone Number _____
Address _____	Injured (Yes/No) _____
Name of Your Insurance Company _____	Policy Number _____
Driver's License Number _____	Plate Number / State _____
Year / Make / Model of Vehicle _____	
Owner Name _____	Telephone Number _____
Owner address _____	
Passenger Name(s) _____	Telephone Number(s) _____
Passenger address(es) _____	Injured (Yes/No) _____

Witness information *Please return with Accident Report Form*

Name _____

Address _____

Phone _____

Email _____

Brief description of what you saw _____



Thank you for your information.

Other Vehicle Information

Please return with Accident Report Form



Name _____	Telephone Number _____
Address _____	Injured (Yes/No) _____
Name of Your Insurance Company _____	Policy Number _____
Driver's License Number _____	Plate Number / State _____
Year / Make / Model of Vehicle _____	
Owner Name _____	Telephone Number _____
Owner address _____	
Passenger Name(s) _____	Telephone Number(s) _____
Passenger address(es) _____	Injured (Yes/No) _____

Was anyone injured in this accident? Yes No

If yes, please fill out section below.

Were the police called to the scene? Yes No

Injured Person 1 – name <hr/> Address <hr/> Phone <hr/> Check One the Following: <input type="checkbox"/> Driver of Your Vehicle <input type="checkbox"/> Passenger in Your Vehicle	Injured Person 2 – name <hr/> Address <hr/> Phone <hr/> Check One the Following: <input type="checkbox"/> Driver of Your Vehicle <input type="checkbox"/> Passenger in Your Vehicle
Description of Injuries <hr/>	Description of Injuries <hr/>

Accident Report Form Return this completed form and attached information cards with photos to your manager.

Operator Information

Name	<hr/>
Address	<hr/>
Phone	<hr/>
License Number and State	<hr/>

accident Information

Was another vehicle involved? Yes No
If yes, please exchange information using the attached cards.

Date of Accident	<hr/>
Time of Accident	<hr/>
Operator Vehicle: Make/Model/Year	<hr/>
Vin Number	<hr/>
Plate Number and State	<hr/>
Location of Accident	<hr/>
Description of accident (include non-vehicle property damage) Please complete diagram on back	<hr/>
	<hr/>
	<hr/>
	<hr/>



Wreckintoacheck.com
(865) 546-1111
706 Walnut St, Suite 700
Knoxville, TN 37902



Wreckintoacheck.com
(865) 546-1111
706 Walnut St, Suite 700
Knoxville, TN 37902