

**KEEP THIS KIT IN YOUR VEHICLE**  
CONTAINS INSTRUCTIONS AND FORMS



Martin  
Concrete  
Construction

**VEHICLE ACCIDENT REPORT KIT**

**IMPORTANT**

## YOUR POST-ACCIDENT PLAN

### FOR DRIVERS IN CASE OF AN ACCIDENT

- 1. Be calm** — acting rationally and responsibly after an accident is crucial for safety and the reporting process.
- 2. Notify the police** — provide the location and details of the accident. Do not leave the scene.
- 3. Assist any injured person** — with permission, move the injured individual to a safe location and use standard first aid. Do not attempt to provide professional medical attention unless you are licensed to do so.
- 4. Get help** — call a doctor, emergency medical service or ambulance if necessary.
- 5. Notify your employer** — follow company guidelines to report the accident properly.
- 6. Obtain witnesses' information** — collect basic information (name, phone number, etc.) from those at the scene of the accident.
- 7. Speak with officials** — only provide information to law enforcement or your attorney, if onsite. Share the facts to the best of your ability, but don't provide unnecessary details, company or personal information.
- 8. Do not sign any papers** — there are no legal documents that need to be signed during the accident reporting process.
- 9. Write down all the facts** — record all details as soon as possible after the accident. Keep the record in a safe, secure location until all claims have been resolved.
- 10. Take photos** — use your smartphone to take pictures of noticeable landmarks that identify the scene of the accident, and any damage to all vehicles involved.



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# ACCIDENT REPORTING KIT

## TRAFFIC ACCIDENT NOTES

The driver must use this form for reporting ALL ACCIDENTS, and submit it IMMEDIATELY to the employer. If the accident is serious, the driver should contact the employer IMMEDIATELY.

### OUR DRIVER

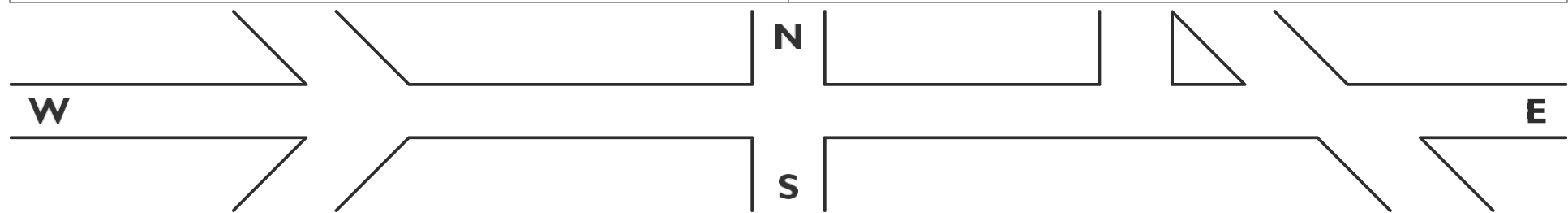
DRIVER'S NAME (LAST, FIRST, MIDDLE)		
DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH
VEHICLE NUMBER	TRAILER NUMBER	
MAKE	MODEL	YEAR

### OTHER DRIVER / VEHICLE / PEDESTRIAN

OTHER DRIVER'S NAME (LAST, FIRST, MIDDLE)	AGE	SEX
OTHER DRIVER'S ADDRESS		
OTHER DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH
OTHER VEHICLE MAKE	OTHER VEHICLE MODEL	OTHER VEHICLE YEAR
OWNER'S NAME		
OWNERS ADDRESS	OWNER'S TELEPHONE NUMBER	
INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF INSURANCE CO.	POLICY NUMBER

### THE ACCIDENT

DATE	TIME	A.M. OR P.M.	# OF VEHICLES INVOLVED IN ACCIDENT
WHERE THE ACCIDENT OCCURRED			
ROAD OR STREET ON WHICH ACCIDENT OCCURRED			
INTERSECTION ACCIDENT OCCURRED			
NEAR WHAT LANDMARK (HWY, STREET, BRIDGE, PLACE OF BUSINESS)? HOW FAR? (FEET, MILES, ETC.)			
# OF LANES	MARKED	DIVIDED	
WEATHER		ROAD CONDITIONS	





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# ACCIDENT REPORTING KIT

**I WAS TRAVELING:**     NORTH                       SOUTH                       EAST                       WEST                      SPEED:  MPH

DAMAGE TO OTHER VEHICLE

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**APPROX. \$**

DAMAGE TO OUR VEHICLE

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**APPROX. \$**

DAMAGE TO OTHER PROPERTY

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**APPROX. \$**

## POLICE INVOLVEMENT

POLICE OFFICER NAME AND/OR BADGE NUMBER	POLICE REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO
POLICE DEPARTMENT	
CITATIONS ISSUED? TOWHOM?	

## PERSONS INJURED

NAME	AGE	SEX
ADDRESS		
WHERE WERE THEY TAKEN AFTER THE ACCIDENT? (HOME, DOCTOR, HOSPITAL, POLICE STATION)		
NATURE OF INJURY		

NAME	AGE	SEX
ADDRESS		
WHERE WERE THEY TAKEN AFTER THE ACCIDENT? (HOME, DOCTOR, HOSPITAL, POLICE STATION)		
NATURE OF INJURY		

NAME	AGE	SEX
ADDRESS		
WHERE WERE THEY TAKEN AFTER THE ACCIDENT? (HOME, DOCTOR, HOSPITAL, POLICE STATION)		
NATURE OF INJURY		





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**WITNESS CARD:** COMPLETION OF THIS CARD WILL ENABLE THE EMPLOYER TO DOCUMENT THE EVENTS OF THE ACCIDENT ACCURATELY.

DID YOU SEE THE ACCIDENT?  YES  NO

DATE

WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

WAS ANYONE INJURED?  YES  NO

WERE YOU HURT?  YES  NO

REMARKS:

NAME

ADDRESS

AP4248 (10/11)

**WITNESS CARD:** COMPLETION OF THIS CARD WILL ENABLE THE EMPLOYER TO DOCUMENT THE EVENTS OF THE ACCIDENT ACCURATELY.

DID YOU SEE THE ACCIDENT?  YES  NO

DATE

WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

WAS ANYONE INJURED?  YES  NO

WERE YOU HURT?  YES  NO

REMARKS:

NAME

ADDRESS

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**WITNESS CARD:** COMPLETION OF THIS CARD WILL ENABLE THE EMPLOYER TO DOCUMENT THE EVENTS OF THE ACCIDENT ACCURATELY.

DID YOU SEE THE ACCIDENT?  YES  NO

DATE

WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

WAS ANYONE INJURED?  YES  NO

WERE YOU HURT?  YES  NO

REMARKS:

NAME

ADDRESS

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REMARKS:

NAME

ADDRESS

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