

Accidents happen.

What should you do next?

Driver's Accident Instructions

Keep a copy of these instructions and a blank accident report in your vehicle at all times. Use this guide to help protect everyone involved, document important details, and report an accident properly.



A Driver's Report of Automobile Accident form is included on Page 2 of this document.

Ensure Safety & Report the Accident

- Move to a safe location, if possible, and place warning signals.
- Call emergency services if needed and notify your dispatcher or corporate office immediately.
- Remain calm, cooperate with law enforcement, and never argue or admit fault.

Document the Accident

- Collect contact, license, and insurance information from all involved drivers.
- Record witness contact information and license plate numbers, if available.
- Note road conditions, speed limits, traffic signals, weather, and lighting.
- Obtain the responding officer's name and report number.
Request a copy of the police report.
- Photograph and document damage to all vehicles and cargo.

Protect the Vehicle & Cargo

- Prevent further damage and secure the load when safe. Do not abandon the cargo.
- Inventory and photograph damaged cargo, then contact the shipper for instructions.
- Monitor cleanup and salvage operations when safe. Request separate towing charges for the truck and cargo.

Report & Follow Up

- Complete the Driver's Report of Automobile Accident and forward it to your corporate office promptly.
- Discuss accident details only with your employer, law enforcement, or a verified insurance representative, unless otherwise required by law.
- Review documents carefully before signing. Consult your employer or insurer as needed.
- If injured, complete a First Report of Injury and notify the insurance carrier.
- Report all losses to Christensen Group.

Driver's Report of Automobile Accident

Date of Accident: _____ Day of Week: _____ Time: _____
Location - Street(s): _____ City: _____ State: _____
Police at the Scene? ☐ Yes ☐ No Police Report Made? ☐ Yes ☐ No Report #: _____
Traffic Violations by You: _____ By Other Driver: _____

Your Vehicle

Driver: _____
Home Phone: _____ Work Phone: _____
Address: _____
Name of Person Insured (if not driver): _____
Vehicle: _____ Year: _____ Make: _____
Model: _____ VIN: _____
Type of Damage: _____
Estimated Cost: _____
Insurance Agency: _____
Policy #: _____

List all occupants of other vehicle(s):

- Name: _____ Phone: _____
Injured? ☐ Yes ☐ No
If Yes, describe: _____
- Name: _____ Phone: _____
Injured? ☐ Yes ☐ No
If Yes, describe: _____
- Name: _____ Phone: _____
Injured? ☐ Yes ☐ No
If Yes, describe: _____

Names & Address of Witness(es):

- Name: _____
Address: _____
Phone: _____
- Name: _____
Address: _____
Phone: _____

Other Property Damage:

- Name: _____
Address: _____
Nature & Extent: _____
- Name: _____
Address: _____
Nature & Extent: _____
- Name: _____
Address: _____
Nature & Extent: _____

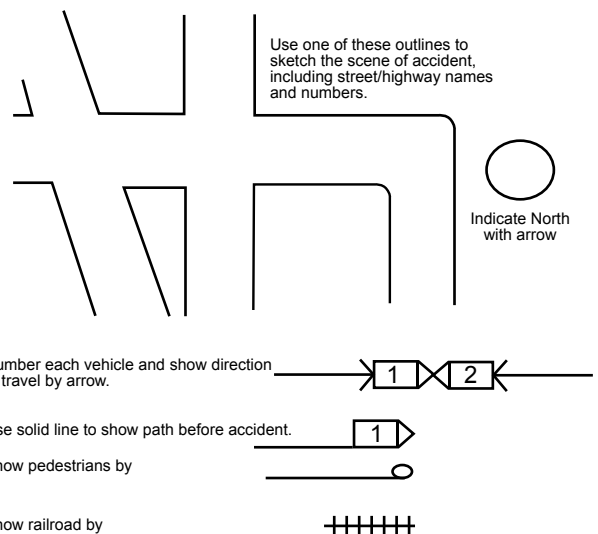
Other Vehicle

Driver: _____
Home Phone: _____ Work Phone: _____
Address: _____
Driver's License #: _____ State: _____
Vehicle: _____ Year: _____ Make: _____
Model: _____ VIN: _____
Type of Damage: _____
Estimated Cost: _____
Insurance Agency: _____
Policy #: _____

Description of Accident

Weather: _____ Condition of Roads: _____
Type of Road Surface: _____ Lighting at Scene: _____
Traffic Control: _____
Your Direction of Travel: _____ Speed: _____
Other Driver's Direction of Travel: _____ Speed: _____
Position of cars before accident
Yours: _____
Other vehicle: _____
Position of cars after accident
Yours: _____
Other vehicle: _____
Point of impact on your vehicle: _____
Other vehicle: _____

Brief Description of Accident (use diagram):



Witness Signature: _____

Date: _____

Driver's Signature: _____

Date: _____