

DRIVER'S ACCIDENT REPORTING PACKET

Keep this in your glove box so it's handy in case of an accident.

Contains:

- **Accident Report**
- **Witness Cards**

When an accident happens...

1. Aid the injured.
2. Notify your Human Resources Department.
3. Obtain name and address of investigating police officer and badge number.
4. Obtain facts about damages to your vehicle.
6. Get witnesses. Pass out Witness Cards and collect upon completion.
7. Obtain facts about injured person(s).
8. Describe the accident on the Accident Report.
9. Call your local insurance agent to report accident.
10. Do not discuss the accident except with police, or with your insurance company representative.

Furnished through the courtesy of



183 Leader Heights Road
P.O. Box 2726
York, Pennsylvania 17405
(717) 741-0911 • 1-800-233-1957
www.hccis.com

Keep this form in your glove box, ready to fill in right at the accident scene.

WITNESSES

1. Name _____
 Address _____
 _____ Ph. (____) _____
 Where was witness? _____

2. Name _____
 Address _____
 _____ Ph. (____) _____
 Where was witness? _____

3. Name _____
 Address _____
 _____ Ph. (____) _____
 Where was witness? _____

PERSONS INJURED

1. Name _____ Age _____
 Address _____
 _____ Ph. (____) _____
 Nature of injuries _____
 Where was injured person taken? _____

2. Name _____ Age _____
 Address _____
 _____ Ph. (____) _____
 Nature of injuries _____
 Where was injured person taken? _____

3. Name _____ Age _____
 Address _____
 _____ Ph. (____) _____
 Nature of injuries _____
 Where was injured person taken? _____



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Administered by Glatfelter Underwriting Services, Inc.
 a/k/a Glatfelter Insurance Services in CA, MN, NV, TX, and UT and Glatfelter Brokerage Services in NY

#A DAMAGE TO YOUR VEHICLE

Name of Insured _____
 Make of Car _____
 Motor No. _____
 Driver's name _____
 Address _____

 Home Ph. (____) _____
 Work Ph. (____) _____
 Damage _____

Police Report? Yes No
 Name of Police Dept. _____
 If witnesses in other cars refuse to give their names,
 record the license plate number(s).
 License No. _____ License No. _____

#B DAMAGE TO PROPERTY OF OTHERS

Owner _____
 Ph. (____) _____
 Address _____

 State/License Plate No. _____
 Make of Car _____ Year _____
 Driver _____
 Ph. (____) _____
 Address _____

Driver's License No. _____
 Is other car insured? Yes No
 Insurance Co. _____
Damage: (Note carefully) _____

WITNESS CARD

Date of accident _____

Location _____

How did the accident occur? _____

Was anyone injured? _____

What was your involvement in the accident? _____

Name of Witness _____ Date _____

Address _____

Telephone _____

Name of Insured _____



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Thank You!