

ACCIDENTS HAPPEN

What Should You Do Next?

Driver's Accident Instructions

A copy of the following instructions and blank accident report must be kept in the vehicle at all times. The instructions are to serve as reminders in securing necessary information in the event of an accident.

Christensen Group
11100 Bren Road West
Minnetonka, MN 55343
(800) 923-4088



Immediately Following the Accident:

- Take immediate action to prevent further damage to vehicle, occupants or cargo at scene of accident.
 - Pull onto shoulder or side of road.
 - Place warning signals promptly and properly.
- Make necessary calls to emergency personnel.
- Immediately contact your dispatcher/corporate office.
- Do not argue at the scene of the accident. Be courteous. Show your license willingly.
- Take steps to mitigate any loss or damage to the cargo. Remember this is your responsibility.
- Secure the load as safety permits. Never abandon the load.
- Obtain information (name, address, license number, and insurer and policy number) from other parties involved in the accident.
- Obtain the name, address, phone number and license plates of any witnesses.
- Make written notes on road condition, speed limit, traffic control devices, weather, lighting, etc.
- Obtain police officer's name and incident number and request a copy of the police report.
- Take physical inventory of the cargo.
- Take photographs of damaged cargo.
- Make a written description of damage to the cargo, your truck and other vehicles
- Contact the shipper/cargo owner for instructions.
- Monitor clean up and salvage operations.
- Instruct the wrecker to identify which charges apply to cargo and which apply to your truck.
- Complete Driver's Report of Automobile Accident at once and forward to corporate office immediately.
- Never admit fault.

Post Accident:

- DO NOT discuss the accident with anyone except your employer, a police officer or YOUR insurance company's investigator after he has properly identified himself.
- Sign no papers except from your employer, police department or properly identified insurance company's investigator.
- If company driver was injured, complete a First Report of Injury and report to insurance carrier.
- Report all losses to Christensen Group.



Christensen Group
INSURANCE RESOURCES INTERNATIONAL

www.cg-iri.com

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):

1. Name: _____ Phone: _____
Injured? Yes No
If Yes, describe: _____
2. Name: _____ Phone: _____
Injured? Yes No
If Yes, describe: _____
3. Name: _____ Phone: _____
Injured? Yes No
If Yes, describe: _____

Names & Address of Witness(es):

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____

Other Property Damage:

1. Name: _____
Address: _____
Nature & Extent: _____
2. Name: _____
Address: _____
Nature & Extent: _____
3. Name: _____
Address: _____
Nature & Extent: _____

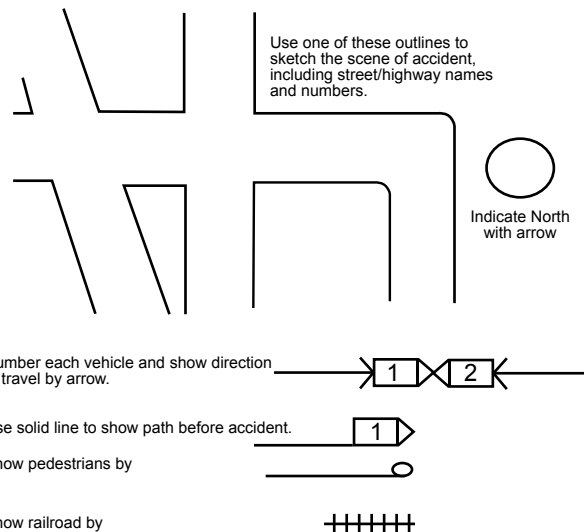
Other Vehicle

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: _____