

**Police Information**

Were Police or Emergency Responders Present?

Yes  No

Official #1 Name \_\_\_\_\_

Badge/Contact Info \_\_\_\_\_

Agency \_\_\_\_\_

Official #2 Name \_\_\_\_\_

Badge/Contact Info \_\_\_\_\_

Agency \_\_\_\_\_

Arrests?  Yes  No

Names: \_\_\_\_\_

**Narrative – Describe Accident**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Scene Diagram**



**Thorn Valley Safety**  
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Phone (844) 477-8870  
www.thornvalleysafety.com

 **Thorn Valley**  
*Accident Scene Checklist*

- Stop. Turn on emergency flashers. Only move your vehicle if directed to do so by an officer.
- Shut down your vehicle. Remain calm. Only exit when it is safe to do so. Keep yourself protected.
- Quickly survey the area and check for imminent hazards (other traffic, fuel spill, fire, electrical, etc)
- Secure the scene; set out reflective triangles, flares or other emergency equipment.
- Check for injuries; never move injured parties; only offer assistance (blanket, water, pillow, etc)
- Notify police (9-1-1 on cell phone). If phone is unavailable, ask witness or passerby to call for you.
- Notify your company and any service providers (leasing company, hazmat or spill containment teams, etc)
- Give witnesses a card to fill out. If they refuse, document their actions and ID (car, license #, description, etc)
- If other party admits fault and is willing to do so, have them fill out an Exoneration Card.
- Document the scene. This is critical - material facts could change once scene is cleaned up. Include all details.
- If you have a camera, take as many pictures as possible. Photograph scene (**not** victims). Start from 300' from scene & every 50' approaching it.

**Accident Information**

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Location \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_  
Landmarks \_\_\_\_\_

**Your Information**

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Drivers License ST \_\_\_\_\_  
DL# \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**Your Vehicle Information**

Vehicle#/Desc \_\_\_\_\_  
Year \_\_\_ Make \_\_\_\_\_ Towed?  Yes  No  
Color \_\_\_\_\_ Lic#/ST \_\_\_\_\_  
Trailer# /Type \_\_\_\_\_  
TL Yr \_\_\_\_\_ TL Make \_\_\_\_\_  
TL Lic#/ST \_\_\_\_\_

**Your Cargo Information**

Cargo Damaged?  Yes  No  
Cargo description \_\_\_\_\_  
Est. Cargo Value \$ \_\_\_\_\_  
Fuel Spill?  Yes  No  
Extent \_\_\_\_\_

**Other Party #1 Information**

Company Name \_\_\_\_\_  
Driver Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Drivers Lic#/ST \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Vehicle#/Desc \_\_\_\_\_  
Year \_\_\_ Make \_\_\_\_\_ Towed?  Yes  No  
Color \_\_\_\_\_ Lic#/ST \_\_\_\_\_  
Trailer# /Desc \_\_\_\_\_  
TL Yr \_\_\_\_\_ TL Make \_\_\_\_\_

**Other Party #2 Information**

Company Name \_\_\_\_\_  
Driver Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Drivers Lic#/ST \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Vehicle#/Desc \_\_\_\_\_  
Year \_\_\_ Make \_\_\_\_\_ Towed?  Yes  No  
Color \_\_\_\_\_ Lic#/ST \_\_\_\_\_  
Trailer# /Desc \_\_\_\_\_  
TL Yr \_\_\_\_\_ TL Make \_\_\_\_\_

**Visibility**

Daylight  Dark  Dusk  
 Street light  Other \_\_\_\_\_

**Other Party #1 Information**

Direction of travel \_\_\_\_\_  
Estimated speed \_\_\_\_\_  
Headlights on?  Yes  No  
# Lanes (each way) \_\_\_\_\_  
Lane of travel \_\_\_\_\_

**Road and Weather Information**

Divided roadway?  Yes  No  
Traffic controls?  Yes  No  
If yes, type \_\_\_\_\_  
 Straight  Level  Curve  
 Hilly  Debris  Grade  
 Pothole  Oily  Rain  
 Ice  Snow  Mud  
 Dry  Wet  Fog  
 Other \_\_\_\_\_

**Traffic Controls**

4W Stop  4W Lights  
 2W Stop  2W Lights  
 R Turn on Red  RR Xing  
 Yield  Merge  
 Lane closure  Construction  
 Flashing Yellow  Flashing Red  
 Other \_\_\_\_\_

**Traffic Conditions**

None  Heavy  
 Contested  Moderate  
 Light  Normal  
 Stop & Go  Merging  
 Rush Hour  
 Other \_\_\_\_\_

## Exoneration Card

I hereby exonerate and free

\_\_\_\_\_  
(Driver name)

and their employer from all negligence of blame in connection with an accident involving the undersigned occurring at \_\_\_\_\_ AM/PM  
(Time)

on \_\_\_\_\_  
(Date)

Location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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(Date)

Location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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(Time)

on \_\_\_\_\_  
(Date)

Location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Witness Information

In connection with an accident occurring at \_\_\_\_\_ AM \_\_\_ PM (Time)

On (date) \_\_\_\_\_

Location \_\_\_\_\_

Witnessed by \_\_\_\_\_

Phone # \_\_\_\_\_

Vehicle Yr/Mk \_\_\_\_\_

License#/ST, Province \_\_\_\_\_

## Witness Information

In connection with an accident occurring at \_\_\_\_\_ AM \_\_\_ PM (Time)

On (date) \_\_\_\_\_

Location \_\_\_\_\_

Witnessed by \_\_\_\_\_

Phone # \_\_\_\_\_

Vehicle Yr/Mk \_\_\_\_\_

License#/ST, Province \_\_\_\_\_

## Witness Information

In connection with an accident occurring at \_\_\_\_\_ AM \_\_\_ PM (Time)

On (date) \_\_\_\_\_

Location \_\_\_\_\_

Witnessed by \_\_\_\_\_

Phone # \_\_\_\_\_

Vehicle Yr/Mk \_\_\_\_\_

License#/ST, Province \_\_\_\_\_