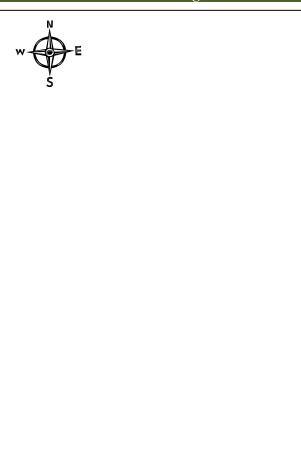
## Police Information Accident Scene Diagram Were Police or Emergency Responders Present? ☐ Yes ☐ No Official #1 Name Badge/Contact Info Agency \_\_\_\_\_ Official #2 Name Badge/Contact Info Agency \_\_\_\_\_ Arrests? Yes No Names: Narrative – Describe Accident **Thorn Valley Safety** 8075 Washington Village Drive Dayton, OH 46458 Phone (844) 477-8870



www.thornvalleysafety.com



## 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 ( <u>not</u> victims). Start from 300' from scene & every 50' approaching it.

Accident Information	Other Party #1 Information	Other Party #1 Information
Date	Company Name	Direction of travel
Time	Driver Name	Estimated speed
Location	Address	Headlights on? Yes No
CityST		# Lanes (each way)
Landmarks	Phone	Lane of travel
	Drivers Lic#/ST	Road and Weather Information
Your Information	Expiration Date	Divided roadway? Yes No
Company	Vehicle#/Desc	Traffic controls?  Yes No
Name	Year Make Towed?	If yes, type
Address	Color Lic#/ST	Straight Level Curve
	Trailer# /Desc	Hilly Debris Grade
Phone	TL Yr TL Make	☐Pothole ☐Oily ☐Rain☐Ice ☐Snow ☐Mud
Drivers License ST	Other Party #2 Information	Dry Wet Fog
DL#	Company Name	Other
Expiration Date	Driver Name	Traffic Controls
Your Vehicle Information	Address	☐4W Stop ☐4W Lights
Vehicle#/Desc		☐2W Stop ☐2W Lights ☐R Turn on Red ☐RR Xing
Year Make Towed?	Phone	☐Yield ☐Merge
Color Lic#/ST	Drivers Lic#/ST	<ul><li>☐ Lane closure</li><li>☐ Construction</li><li>☐ Flashing Yellow</li><li>☐ Flashing Red</li></ul>
Trailer# /Type	Expiration Date	Other
TL YrTL Make	Vehicle#/Desc	
TL Lic#/ST	Year Make Towed?	Traffic Conditions
Your Cargo Information	Color Lic#/ST	<ul><li>None</li><li>☐ Heavy</li><li>☐ Contested</li><li>☐ Moderate</li></ul>
Cargo Damaged? Yes No	Trailer# /Desc	Light Normal
Cargo description	TL Yr TL Make	☐Stop & Go ☐Merging ☐Rush Hour
Est. Cargo Value \$	Visibility	Other
Fuel Spill? Yes No	Daylight Dark Dusk	
Extent	Street light Other	

## **Exoneration Card**

**Exoneration Card Exoneration Card** I hereby exonerate and free I hereby exonerate and free I hereby exonerate and free (Driver name) (Driver name) (Driver name) and their employer from all negligence of and their employer from all negligence of blame and their employer from all negligence of blame blame in connection with an accident involving in connection with an accident involving the in connection with an accident involving the the undersigned occurring at \_\_\_\_\_ AM/PM undersigned occurring at \_\_\_\_\_ AM/PM undersigned occurring at \_\_\_\_\_ AM/PM on \_\_\_\_\_ (Date) (Date) (Date) Location\_\_\_\_\_ Location\_\_\_\_\_ Location\_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_ Address\_\_\_\_\_ Signature Signature Signature Witnessed by \_\_\_\_\_ Witnessed by Witnessed by \_\_\_\_\_ Signature\_\_\_\_ Signature\_\_\_\_\_ Signature\_\_\_\_\_ Date Date Date \_\_\_\_\_ Witness Information **Witness Information Witness Information** In connection with an accident occurring at In connection with an accident occurring at In connection with an accident occurring at \_\_\_\_\_AM \_\_\_\_PM (Time) \_\_\_\_AM \_\_\_\_PM (Time) \_\_\_\_\_AM \_\_\_\_PM (Time) On (date) On (date) On (date) Location Location Location Witnessed by Witnessed by Witnessed by Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Vehicle Yr/Mk Vehicle Yr/Mk Vehicle Yr/Mk License#/ST, Province \_\_\_\_\_ License#/ST, Province \_\_\_\_\_ License#/ST, Province \_\_\_\_\_