

Police Information

Were Police or Emergency Responders Present?

Yes No

Official #1 Name _____

Badge/Contact Info _____

Agency _____

Official #2 Name _____

Badge/Contact Info _____

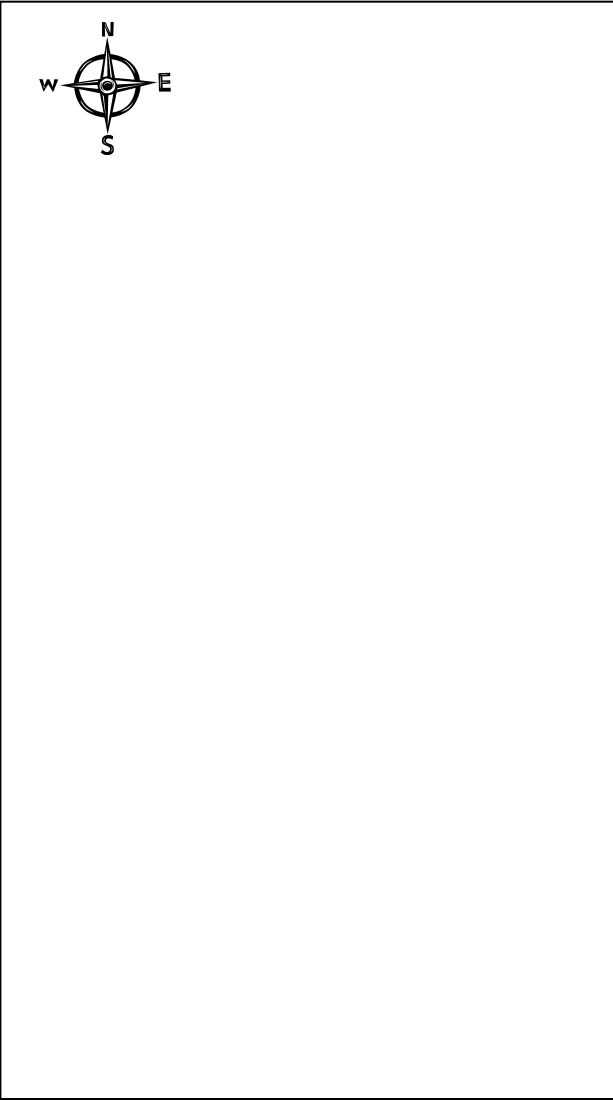
Agency _____

Arrests? Yes No

Names: _____

Narrative – Describe Accident

Accident Scene Diagram



Thorn Valley Safety
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 **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 _____

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 _____

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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 _____