

### When an accident occurs:

First Steps	Do Not Say	While Still at the Scene			
<ul> <li>Remain calm</li> <li>Get to a safe place</li> <li>Check for injuries</li> <li>Administer First Aid</li> <li>Call Police/EMT (911)</li> <li>Call Supervisor/set up drug test</li> </ul>	<ul> <li>It's all my fault, (even if it is).</li> <li>My insurance will pay for everything.</li> <li>It's OK, I have full coverage.</li> </ul>	<ul> <li>Get as much information as possible on this report.</li> <li>Take pictures</li> <li>When the police come, cooperate and tell them what you know.</li> </ul>			
Driver:	Dept	Date:			
Date of Incident:	_ Time of Incident	AM / PM (circle one)			
Location of Incident:					
Was Police Dept. NotifiedYesNo					
Accident Details:					

# Damage Description - Your Vehicle

Make/Model/Year	
VIN #	
License Plate #	
Damage to Vehicle	

# Damage Description – Other Vehicle

Driver's Name	
Driver's Address	
Driver's Phone #	
Make/Model Year	
Insurance Company	
Agent Name & Phone	
Damage to Vehicle	

### **Passengers/Injuries:**

Your Vehicle	Other Vehicle
# Passengers:	# Passengers:
Injuries:	Injuries:

### **Police Information:**

Officer Name:		
Tribal or County		
Police report attached	Yes	No
Other Info:		

### Witness Information:

Name:	Name:	
Address:	Address:	
Home Phone	Home Phone:	
Work Phone	Work Phone:	

#### Sketch the Accident Scene:

Diagram what happened in the grid above. Draw each vehicle involved and label by number. You are Vehicle 1. Identify streets/roads by name. Use arrows to indicate direction of travel.

Submitted by:

Date:

Please submit form to Mary Metelak in the WE Finance Department

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