

## In the event of an accident...

- STOP at once. Park the vehicle or equipment safely.
- Notify the Police and your supervisor immediately.
- Discuss the accident ONLY with the Police and City personnel.
- Do not sign anything unless issued a traffic citation by a law enforcement officer.
- If there are witnesses, collect their names and contact information.
- Provide the contact information for Human Resources to all parties involved in the accident for property/liability claims filing and follow-up.
- Report any injuries that you may have received.
- Provide the accident/injury information to Human Resources within 24 hours of the accident.



This brochure has been provided to equip employees with specific guidelines that should be followed in the event of an accident.

- ✓ Following an accident, complete the information in this brochure as thoroughly as possible.
- ✓ A copy of this brochure should be available at ALL times in City vehicles.
- ✓ Employees should familiarize themselves with the information and review it periodically.
- ✓ In addition to the enclosed information, provide additional diagrams, photos and supporting documentation if possible.

For additional information on the City's property/liability coverage, contact Human Resources.

## City of Glenn Heights

### Vehicle Accident Reporting Kit



**City Hall**  
1938 S. Hampton Rd.  
Glenn Heights, TX 75154  
972-223-1690

**Human Resources/  
Risk Management  
Department**  
972-223-1690 ext. 206  
HR@GlennHeights.com

# Vehicle Accident Reporting Kit

## OPERATOR

Employee \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Vehicle/Equipment involved in accident

\_\_\_\_\_

## ACCIDENT

Date \_\_\_\_\_

Time \_\_\_\_\_ am pm

Location \_\_\_\_\_

Weather \_\_\_\_\_

Describe what occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

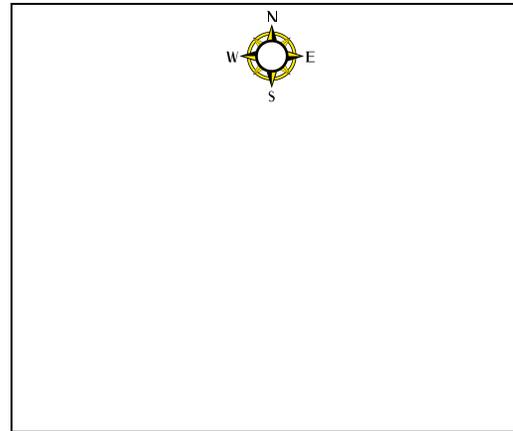
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DIAGRAM OF ACCIDENT

Show street name(s), direction in which vehicles were going, etc.



## OTHER VEHICLE

Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Driver's License \_\_\_\_\_

State Issued \_\_\_\_\_

Make of Vehicle \_\_\_\_\_

Insurance Co. \_\_\_\_\_

\_\_\_\_\_

Policy # \_\_\_\_\_

## WITNESSES

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## POLICE OFFICER

Name \_\_\_\_\_

Police Report# \_\_\_\_\_

## INJURED PERSON(S)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Name of hospital, if transported

\_\_\_\_\_