

# **RELIABLE ENTERPRISES FAMILY TIME VISITATION SERVICES**

## **Accident Report Kit**

### **COMMON SENSE GUIDELINES**

1. Report accidents regardless of the degree of injuries or damage!
2. Record all relevant facts - save all broken or damaged equipment involved until instructed to do otherwise.
3. Take photos if possible and warranted.
4. Do not admit responsibility or agree to pay for damages - this is the job of the insurance company and/or courts.
5. Regardless of deductible level - Report all accidents - Report them NOW!

### **The following pages will give your non-profit agency specific instructions for reporting:**

1. Contractor bodily injury or property damage accidents
2. Damage to property
3. Automobile accidents
4. General liability claims
5. Lawsuits or written demands

### **AUTOMOBILE ACCIDENTS**

1. Each vehicle should carry a vehicle accident report form.
2. Record all relevant material, take steps to avoid further damage, secure damaged areas, close off area from use, take photos, etc.
3. Forward accident report to your insurance company.
4. Do not admit responsibility or agree to pay for damages.

## AUTOMOBILE ACCIDENT FORM

### INSURED VEHICLE

<b>Year</b>	<b>Make</b>	<b>Model</b>
<b>Vehicle License No.</b>	<b>VIN #</b>	
<b>Owners Name:</b> <b>Address:</b> <b>Phone No:</b>		
<b>Driver's Name:</b> <b>Address:</b> <b>Phone No:</b>		
<b>DOB:</b>	<b>Driver's License No.</b>	<b>Expiration Date:</b>
<b>Location of Accident:</b>		
<b>Description of Damage(s):</b>		
<b>Estimated Amount:</b>		
<b>Description of Accident:</b>		

### PROPERTY DAMAGE

<b>Describe Property:</b>
<b>Owner's Name:</b> <b>Address:</b> <b>Business Phone:</b> <b>Personal Phone:</b>
<b>Other Driver's Name:</b> <b>Address:</b> <b>Business Phone:</b> <b>Residence Phone:</b>
<b>Describe the Damage:</b>
<b>Estimated Amount:</b>

### INJURY

<b>Injured Peron(s) Name(s):</b> <b>Address:</b> <b>Phone:</b>
<b>Extent of Injury(ies):</b>
<b>Witness or Passengers:</b>
<b>Remarks:</b>