

P.I.&I. MOTOR EXPRESS, INC. ACCIDENT REPORT

YOUR COPY	DATE		TIME		LOCATION (Include Milepost)		CITY, STATE, OR ROUTE #		
	COUNTY			STATE					
	DRIVER #1		ADDRESS			CITY/STATE		ZIP	
	DATE OF BIRTH		TELEPHONE ()			SOCIAL SECURITY #			
	DRIVERS LICENSE #		STATE		INJURED? (circle one) NO IF YES		DESCRIBE INJURIES		
	TRACTOR #		TRAILER #		LOADED/EMPTY		WEATHER/ROAD CONDITIONS		
VEHICLE DAMAGE (DESCRIBE)					VEHICLE TOWED (circle one) NO IF YES		BY WHOM?/TELEPHONE		

OTHER COPY	DRIVER #2		ADDRESS			CITY/STATE		ZIP		
	DATE OF BIRTH		TELEPHONE ()			SOCIAL SECURITY #				
	DRIVERS LICENSE #		STATE		INJURED? (circle one) NO IF YES		DESCRIBE INJURIES			
	OWNER #2 NAME		ADDRESS			CITY/STATE		ZIP		
	YEAR	MAKE	TYPE VEHICLE			LICENSE PLATE		STATE		
	VEHICLE DAMAGE (DESCRIBE)					VEHICLE TOWED (circle one) NO IF YES		BY WHOM?/TELEPHONE		
	VEHICLE #2 INSURANCE COMPANY					PHONE #		CITY/STATE		

OTHER COPY	DRIVER #3 NAME		ADDRESS			CITY/STATE		ZIP		
	DATE OF BIRTH		TELEPHONE ()			SOCIAL SECURITY #				
	DRIVERS LICENSE #		STATE		INJURED? (circle one) NO IF YES		DESCRIBE INJURIES			
	OWNER		ADDRESS			CITY/STATE		ZIP		
	YEAR	MAKE	TYPE VEHICLE			LICENSE PLATE		STATE		
	VEHICLE DAMAGE (DESCRIBE)					VEHICLE TOWED (circle one) NO IF YES		BY WHOM?/TELEPHONE		
	VEHICLE #3 INSURANCE COMPANY					PHONE #		CITY/STATE		

WITNESS #1 NAME		ADDRESS		CITY/STATE		ZIP		PHONE	
WITNESS #2 NAME		ADDRESS		CITY/STATE		ZIP		PHONE	

POLICE REPORT		POLICE DEPT - CITY/STATE							
		OFFICERS NAME							
YES NO		CITATIONS ISSUED? NO IF YES		TO WHOM		FOR WHAT REASON			

NAME OTHER INJURED	ADDRESS	CITY/STATE	PHONE	DESCRIBE INJURY
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Describe what happened

12 horizontal lines for describing the accident.

RECORD ALL ACCIDENTS AND TAKE PICTURES IMMEDIATELY

CALL DAY OR NIGHT
1-800-321-2733

SECURE THE SCENE

- Stop; turn on your emergency flashers and shut down your vehicle; do NOT move your vehicle until the police arrive.
- Set your warning devices; protect the scene. Assist the injured but do not move anyone; wait for medical assistance.

NOTIFY THE AUTHORITIES

- Call the police and your company; request medical assistance if needed.
- Stay at the scene. Be polite and courteous. Do not admit guilt or apologize.

DOCUMENT THE ACCIDENT

- Give you name, address, company name and address, vehicle license number, CDL license number and insurance information to the police and other parties involved.
- Fill out Accident report at scene, TAKE PICTURES of vehicles, general scene and cargo.
- Don't sign anything or make any statements except to police, or your Company.
- Secure your vehicle against further damage or theft; remain at the scene until all requirements are met.

Diagram what happened

12 vertical lines for drawing a diagram of the accident scene.