



Accident Report Form

Keep in your Folder

When an Accident occurs:

First Steps	DO NOT SAY	WHILE STILL AT THE SCENE
<ul style="list-style-type: none"> • Remain Calm • Check Yourself • Get to a Safe Place • Put Up Triangles/Flares • Check for Injuries • Call Police/EMT 	<ul style="list-style-type: none"> • It's all my fault (even if it is). • My insurance will pay for everything • It's Ok, I have full coverage 	<ul style="list-style-type: none"> • Get as much information as possible on this report • Take Pictures • When the police come, cooperate and tell them what you know

Accident Details:

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

Damage Descriptions:

Your Vehicle	<u>Other Vehicle</u>
Towing Company Name and Number	

Other Driver/ Vehicle Information:

Owner's Name	
Owner's Address	
Owner's Phone	
Vehicle Make/Model/Year/Color	
License Plate Number	
Insurance Company	
Agen Name & Phone	
Other Driver's Name	
Other Driver's Address	
Other Driver's Phone	

Witness Information Card

Please assist by completing this card and returning it to our driver.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: Home: _____ Office: _____

Were you involved in the accident? _____

Did anyone seem to be injured? _____

Did you see the accident as it happened? _____

If you saw the accident, please describe to the best of your knowledge what happened.

Signature

Date

Please give this card back to the driver. Thank you!

Patrick Marine Transportation LLC

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