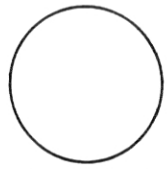
WITNESSES

Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____

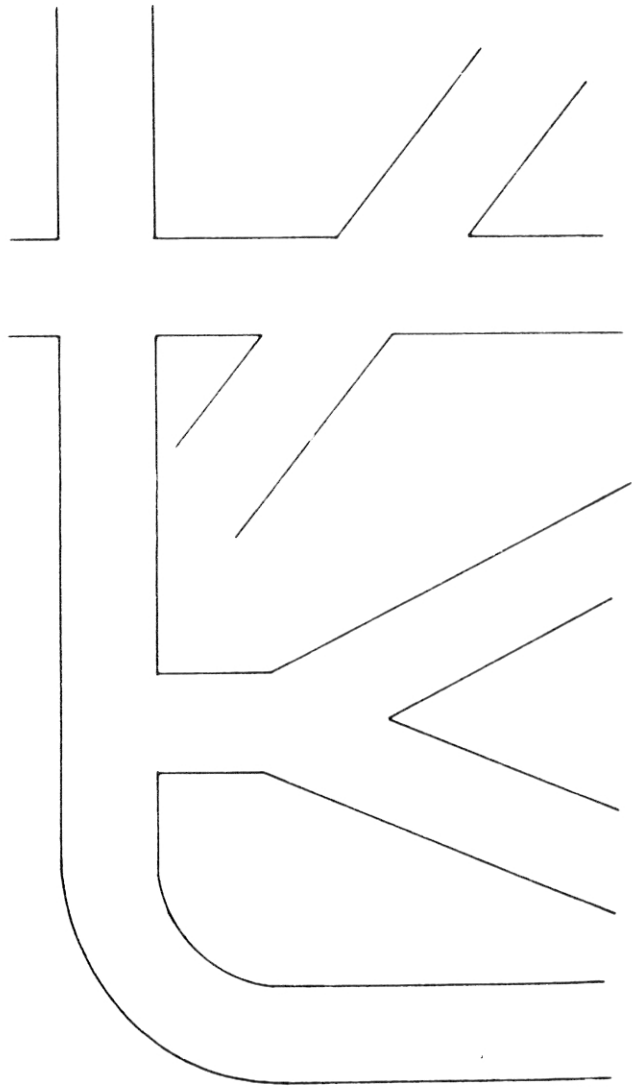
ADDITIONAL INFORMATION

DIAGRAM OF ACCIDENT

Indicate street names, direction in which vehicles were traveling, and position of vehicles.



Indicate North



02-3583(04/04)

IN CASE OF AN ACCIDENT

1. If possible, move off of road to avoid additional danger. Use warning signals.
2. Ask someone to summon police assistance (and medical assistance if anyone has been injured).
3. Do not make any statements concerning the accident to anyone except a police officer. Get the officer's name and badge number. Do not make any settlements under any circumstances.
4. Complete this report in detail while you are at the scene of the accident.
5. Have passengers and/or witnesses complete the enclosed witness cards.
6. Obtain the name and addresses of all people who were injured - regardless of how minor the injury may be. Also try to learn where the injuries are treated.
7. Do not administer any medical treatment or first aid unless you are qualified to do so.
8. Contact your employer as soon as possible to report the accident.
9. Protect the vehicle from further damage. Do not leave it unattended. Arrange for towing.

TEC Insurance
a TEC Equipment company Your Best Business Partner

503-285-7667
1-800-525-6333

ACCIDENT INFORMATION

Insured-Name _____
Address _____
_____
Phone # _____
Policy # _____
Date of Accident _____
Time of Accident _____A.M. _____P.M.
Location (Include street, city, and state):
_____
_____
_____
Weather Conditions _____
_____
Road Conditions _____
_____
Investigating Authorities (City, State, Etc.) ___
_____
Report # _____
Driver's Name _____
Address & Phone _____
_____
_____
Description of Vehicle _____
_____
_____
VIN _____
_____
Damage to Vehicle _____
_____
_____
How did accident occur? _____
_____
_____
_____
_____
_____
_____
_____

DAMAGE TO OTHER PROPERTY

Name of Other Driver _____
Street Address _____
City _____State _____Zip _____
Driver's License Number _____
Date of License Expiration _____
Name of Other Vehicle's Owner _____
_____
Street Address _____
City _____State _____Zip _____
License Number of Other Vehicle _____
Make _____Type _____Year _____
Name of Other Insurance Company _____
_____
Phone # if Agent _____
Give description of damage to the other vehicle or property _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

INJURIES

Name _____
Address _____
City _____State _____Zip _____
Phone # _____Date of Birth _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____Date of Birth _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____Date of Birth _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____Date of Birth _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____Date of Birth _____

PASSENGERS IN OTHER VEHICLE

Name _____
Address _____
City _____State _____Zip _____
Phone # _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____
Name _____
Address _____
City _____State _____Zip _____
Phone # _____