Name :

Address:

City: State: Zip:

Phone:

Signature:

Name :

Address:

City: State: Zip:

Phone:

Signature:

Name :

Address:

City: State: Zip:

Phone:

Signature:

Damage To Company Property

Vehicle Involved: Vehicle #:

Name of Driver: Date of Birth:

Address:

Driver License No: State:

Describe Damage to Vehicle or Equipment:

Driver Signature:

Berkshire Hathaway HOMESTATE COMPANIES

Preliminary Accident Report

Accident

Date: Time:

Location:

City: State:

Damage to Property of Others

Make of Vehicle: Model: License #:

Insurance Carrier:

Name of Owner:

Address: Phone #:

Name of Driver:

Address: Phone #:

Damage to Vehicle or Other Property:

Injured

Name :

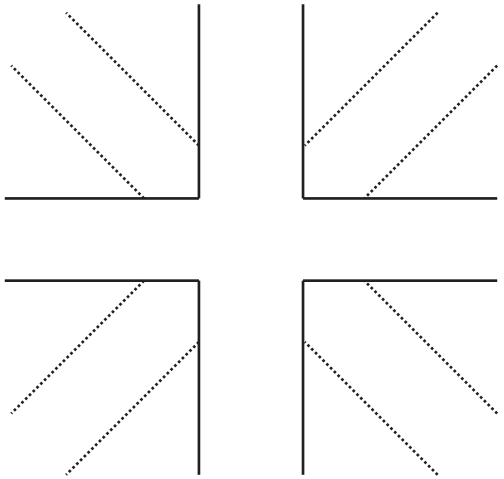
Address: Phone #:

Name :

Address: Phone #:

DO NOT DISCUSS ACCIDENT *EXCEPT* with police and your insurance company representative.

Diagram of Accident Scene



WHAT TO DO IN CASE OF AN ACCIDENT

- STOP AT ONCE AND INVESTIGATE
- SET WARNING DEVICES
- HELP THE INJURED by obtaining competent first aid and calling doctor or hospital if necessary
- PROTECT YOUR VEHICLE AND CARGO from theft and further damage
- OBTAIN NAMES AND ADDRESSES OF ALL POSSIBLE WITNESSES - use witness cards inside
- COMPLETE PRELIMINARY REPORT – complete report at the scene of the accident
- CONTACT SUPERVISOR as soon as possible – either by phone or in person

Brief Description of Accident

Include information on where you were going, what load you were carrying, what speed you were going, estimated speed of other vehicles, any other information that is pertinent to this accident.

Information Card

If you witnessed the accident that just occurred, fill out this card. Please write your name and address on the back and then return the card to the driver.

Accident at: .....

Date: ..... Time: ..... ☐ am ☐ pm

Did you see the accident happen? ☐ yes ☐ no

Did you see anyone hurt? ☐ yes ☐ no

Were you riding in a vehicle involved? ☐ yes ☐ no

Information Card

If you witnessed the accident that just occurred, fill out this card. Please write your name and address on the back and then return the card to the driver.

Accident at: .....

Date: ..... Time: ..... ☐ am ☐ pm

Did you see the accident happen? ☐ yes ☐ no

Did you see anyone hurt? ☐ yes ☐ no

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Did you see anyone hurt? ☐ yes ☐ no

Were you riding in a vehicle involved? ☐ yes ☐ no