

Most Important Things To Do During An Accident!



Keep Calm! Assess the situation. Decide whether or not the vehicle needs to be evacuated. Access your location and turn off the vehicle.



If necessary, dial 911 first. Then, contact dispatch. Give an exact location of where the accident occurred.



Cooperate with the authorities. Give a statement if you are asked. Describe the accident to law enforcement only, noone else.



© Can Stock Photo

Always try to exchange name, phone number, and insurance information with those involved in the accident. This may save time in the long run.

ACCIDENT REPORT

SWITA requires paperwork no matter how BIG or small the accident is. So, ask the transit office for an Accident Report packet. The Transit Director, Transit Coordinator or Human Resources can help you complete the proper forms.

First and foremost, SWITA cares about the safety of all drivers and passengers. Please keep in mind these top ideas may not apply to every situation. In the event of an accident please contact dispatch ASAP for more direction from the Transit Director or Coordinator.

Have a SAFE TRIP!

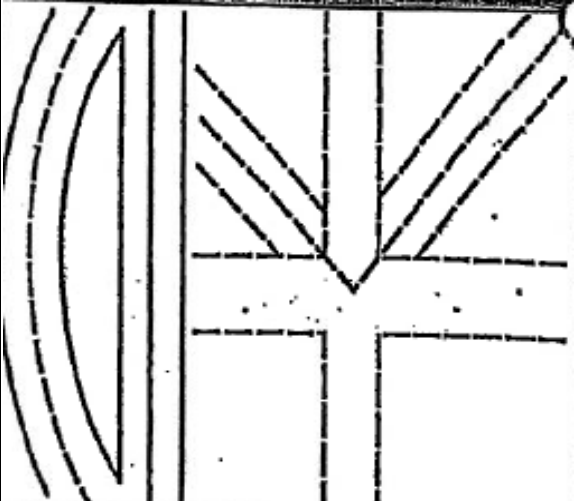


Driver's Accident Report

Date of Loss:		Time of Loss:		AM/PM	
Location of Loss (Street, City, State)					
The Accident					
Name of Employer;					
Employer Phone #:					
Owner of Vehicle You Were Operating:					
Year:	Make:	Model:	VIN #:	Unit #:	
Describe Damage:			Where Can Vehicle Be Seen:		
Our Driver					
Name:					
Address:					
City:					
Driver License #:			Home Telephone #:		
Date of License:			Business Telephone #:		
Other Driver					
Name of Owner:					
Address					
City:		State:		Zip:	
Home Telephone #:			Business Telephone #:		
Name of Driver:					
Address:					
City:		State:		Zip:	
Home Telephone #:			Business Telephone #:		
Operator License #:			State:		
License #:			State:		
Make of Vehicle:		Model:		Year:	
Insured By: (Company)			Policy #:		

COMPLETE NEXT PAGE OF FORM



Type of Damage:	
# of Persons in Vehicle:	
POLICE	
Authority Contacted:	
Case #:	Violations/Citations
DESCRIPTION OF ACCIDENT	DIAGRAM
	
WITNESSES	
1. Name:	Phone #:
Address:	
2. Name:	Phone #:
Address:	
3. Name:	Phone #:
Address:	
PERSONS INJURED	
1. Name:	Age:
Address:	Phone:
City:	State/Zip:
Type of Injury:	
Where Taken After Accident:	
2. Name:	Age:
Address:	Phone:
City:	State/Zip:
Type of Injury:	
Where Taken After Accident:	

COMPLETE NEXT PAGE OF FORM



3. Name:		Age:	
Address:		Phone:	
City:		State/Zip:	
Type of Injury:			
Where Taken After Accident:			
Any Other Vehicles			
Name of Owner:		Phone:	
Address:			
City:		State/Zip:	
Name of Driver:			
Address:			
City:	State:		Zip:
Home Telephone #:		Business Telephone #:	
Operator License #:		State:	
License #:		State:	
Make of Vehicle:	Model:	Year:	
Insured By: (Company)		Policy #:	
Type of Damage:			
# of Persons in Vehicle:			
NOTES			