

Driver's Accident Report Form



Follow these steps if you are in a motor vehicle accident (for emergency medical care, please call 911):

Driver – Complete all items to the best of your ability, sign and date last page, and immediately provide to your supervisor (including any photos or reports related to the accident).

Initial Notification Procedures

These instructions should be placed in the glove box of your company car.

1. Exchange information with other parties involved in the accident. Do not admit fault to other parties!
2. Report accident to police, unless the accident involves minor property damage and no injuries.
3. If possible, take photos of license plate information of all vehicles involved, damage to vehicles, insurance cards, driver's license, post-accident vehicle position, and/or any other information that may be important.
4. **Call, text, or email to immediately inform your supervisor of the accident.** Continue efforts to ensure that your message has been delivered.

Supervisor – If an injury occurred, please immediately submit the completed Driver's Accident Report Form and the Employer's First Report of Injury form to ICW Group at **(Fax) 858-436-8916** or **(Email)** at FirstNotice@icwgroup.com. If you have any questions or need further assistance, please call **858-350-2706**.

Accident Details

Date of Accident:	Time of Day:	Was the Accident During Work Hours? Yes <input type="radio"/> No <input type="radio"/>
Describe the Location of the Loss (Street, Intersection, City and State):		
Police or Authorities Contacted? Yes <input type="radio"/> No <input type="radio"/>	Police or Authority Number?	

Injury Report

Any Injuries Sustained? If Yes, Complete Below Section. Yes <input type="radio"/> No <input type="radio"/>

Driver's Information:

Name:	Date of Birth:	Work Phone:
Address:		Home Phone:

Driver's Vehicle Information:

Year/Make/Model/License Plate:
Description of the Accident:

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Driver's Accident Report Form



Description of the Accident (continued):

Other Driver's Information:

Name:	Date of Birth:	Work Phone:
Address:		Home Phone:
Driver's License #/State:	Car Year/Make/Model/Plate #:	
Auto Insurance Company/Agent:		
Auto Policy #:	Auto Insurance Phone #:	

If more than one other vehicle is involved, or if there are any witnesses to the accident, please use this area to provide the above information for each involved driver/vehicle, or witness's name and contact information.

Signature of Driver

Date