

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.

- Exchange information with other parties involved in the accident. Do not admit fault to other parties!
- Report accident to police, unless the accident involves minor property damage and no injuries.
- 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.
- 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 No

Describe the Location of the Loss (Street, Intersection, City and State):

Police or Authorities Contacted?

Yes No

Police or Authority Number?

INJURY REPORT

Any Injuries Sustained? If Yes, Complete Below Section.

Yes No

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:

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

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