VEHICLE ACCIDENT REPORTING KIT

SAFE DRIVING IS A FULL TIME JOB!

REPORT ANY INCIDENT / ACCIDENT WITHIN 24 HOURS TO:

GLATFELTER CLAIMS MANAGEMENT, INC.

10100 Trinity Parkway, Suite 110 P.O. Box 7187 Stockton, CA 95267 Phone: 209-477-7707

Toll Free: 888-477-3007 Claims Fax: 866-747-7091



IMPORTANT! READ THIS!

WHAT TO DO IN CASE OF ACCIDENT

- Stop immediately, avoid obstructing traffic if possible. Put out emergency flares. Warn oncoming traffic UNLESS PERSONAL SAFETY IS JEOPARDIZED.
- 2. Aid the injured.
- 3. ALWAYS notify law enforcement and obtain a police report, no matter how minor you believe the incident to be.
- 4. Notify your supervisor immediately.
- 5. Get witnesses. Pass out Witness Courtesy Cards found inside this envelope & collect upon completion.
- 6. Do not discuss the accident with anyone except law enforcement, your employer, FAIRA or Glatfelter Claims Management, and only after each has presented proper identification. Sign no papers except from one of the above.
- 7. NEVER admit liability or agree to pay for damages.
- 8. Be courteous at scene of accident, do not argue. Show your driver's license willingly.
- 9. Submit a COMPLETED Driver's Report of Accident/Collision (found inside this envelope) to your supervisor/employer immediately after you return to the office, station, or place of work.
- 10. Take photos of vehicles, damaged property, drivers and passengers.

This packet should be carried in vehicle at all times.

Request new packet after use.

INSURANCE IDENTIFICATION CARD

The owner of this vehicle participates in a pooled public entity liability coverage program through

The Fire Agencies Insurance Risk Authority



451 Airport Road, Suite D, Novato, CA 94945

As authorized by Section 16020 (b)(4) of the California Vehicle Code

Information on how to initiate a claim can be obtained by contacting:

Glatfelter Claims Management, Inc. Phone 888-477-3007 • Fax 866-747-7091 P.O. Box 7187, Stockton, CA 95267

UNATTENDED VEHICLE PROPERTY ACCIDENT NOTIFICATION

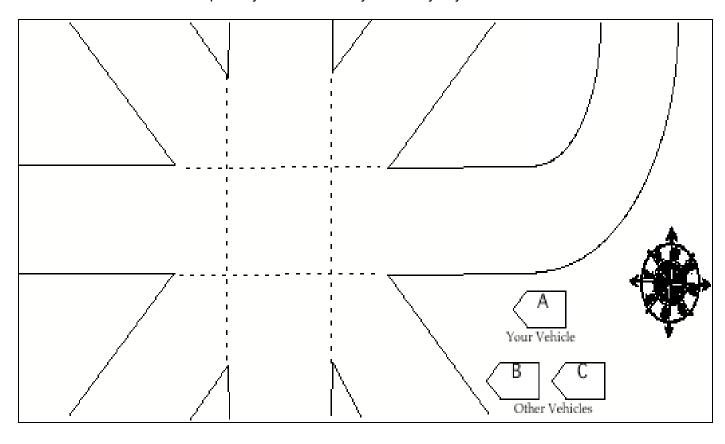
Date of Accident:Time:
Address/Location of Accident:
Unattended Vehicle License #
Make, Model, Year:
Damaged Part(s) of vehicle or property:
District Name/Address:
District Driver:
Telephone:
District Vehicle License #:
District Vehicle Make, Model, Year:

Please Print Your: Name: Address: City: Phone Number: Business Phone Number: Date: Time: Did you see the accident Happen? Remarks: Use reverse side if necessary

WITNESS COURTESY CARD			
Please Print Your: Name:			
Address:			
City:			
Phone Number:			
Business Phone Number: _			
Date:	Time:		
Did you see the accident Happen?			
Remarks:			
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Use rev	erse side if necessary		

DRIVER:	DRIVER'S REPORT OF ACCIDENT		
Always request a police report Complete both sides of this form			
Submit to your supervisor/Risk Managem	ent immediately		
· · · · · · · · · · · · · · · · · · ·	DISTRICT NAME		
SUPERVISOR:	DISTRICT ADDRESS		
	CONTACT PHONE #		
888/477-3007 phone • 866/747-7091 fax			
Date of Accident			
	OTHER VEHICLE (Vehicle "B")		
Timea.m. / p.m. Day of Week	Driver Phone		
Location of Accident	Driver's Lic. #TypeState		
Road Conditions	DL Expiration Date		
Weather Conditions	Address		
Your Direction	Make, Model & Year		
Speed	Vehicle Number (VIN)		
Direction of Other Car	License Plate # State		
Speed	Owner's Name		
Police Report Taken? Report #			
If not, why?	Insurance Co Policy #		
Police Department Name	Damaged Part(s) of Car		
Police Officer's Name			
Badge Number			
Was Summons Issued?To Whom?			
INJURED PERSONS ?	OTHER VEHICLE (Vehicle "C")		
1. Name	Driver Phone		
Address	Drivor's Lie # Type State		
Nature & Extent of Injury	DL Expiration Date		
(If none noted or expressed, so state below)	Address		
	Make, Model & Year		
2. Name	Vehicle Number (VIN) State		
Address			
Nature & Extent of Injury	Owner's Name		
(If none noted or expressed, so state below)	Owner's Address Policy #		
	Insurance Co Policy #		
YOUR VEHICLE (Vehicle "A")	Damaged Part(s) of Car		
Owner			
OwnerAddress			
Make, Model & Year	List Other Occupants of Vehicles		
Vehicle Number (VIN)	(Indicate which vehicle each person occupied and where seated)		
License PlateState _	<u> </u>		
DI # Type Ctets			
DI Expiration Date			
DL Expiration Date Damaged Part(s) of Car			
Damaged Part(s) of Car	COMPLETE REVERSE SIDE OF THIS FORM		

On the diagram below show the position of each vehicle at the time of the accident. Use vehicle symbols to indicate each vehicle and label them A (for your vehicle), B, C, etc. for other vehicles. Indicate the direction of travel of each vehicle by an arrow. Indicate traffic signs or signals. Indicate "North" on the compass symbol. Show any stationary objects involved in the accident.



Briefly describe the accident; add pertinent comments not covered on the first page.