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

1. 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.

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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: __________________
## DRIVER'S REPORT OF ACCIDENT

**Always request a police report**  
Complete both sides of this form  
Submit to your supervisor/Risk Management immediately

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### DRIVER:

- **SUPERVISOR:**
- **DISTRICT NAME:** ______________________________
- **DISTRICT ADDRESS:** ______________________________
- **Notify Glatfelter Claims Management CONTACT PHONE #:** __________________________  
  - 888/477-3007 phone  
  - 866/747-7091 fax

### Date of Accident ______________

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#### OTHER VEHICLE (Vehicle “B”)

- **Driver Phone**
- **Driver’s Lic. #** ________ **Type** ________ **State** ________
- **DL Expiration Date**
- **Address**
- **Make, Model & Year**
- **Vehicle Number (VIN)**
- **License Plate #** ________ **State** ________
- **Owner’s Name**
- **Owner’s Address**
- **Insurance Co.**
- **Policy #**
- **Damaged Part(s) of Car**

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#### OTHER VEHICLE (Vehicle “C”)

- **Driver Phone**
- **Driver’s Lic. #** ________ **Type** ________ **State** ________
- **DL Expiration Date**
- **Address**
- **Make, Model & Year**
- **Vehicle Number (VIN)**
- **License Plate #** ________ **State** ________
- **Owner’s Name**
- **Owner’s Address**
- **Insurance Co.**
- **Policy #**
- **Damaged Part(s) of Car**

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#### INJURED PERSONS ?

1. **Name** ________________________________
   - **Address** ________________________________
   - **Nature & Extent of Injury**
     - *(If none noted or expressed, so state below)*

2. **Name** ________________________________
   - **Address** ________________________________
   - **Nature & Extent of Injury**
     - *(If none noted or expressed, so state below)*

#### YOUR VEHICLE (Vehicle “A”)

- **Owner** ________________________________
  - **Address** ________________________________
- **Make, Model & Year** ________________________________
- **Vehicle Number (VIN)** ________________________________
- **License Plate** ________________________________ **State** ________________________________
- **Driver ** ________________________________ **Phone** ________________________________
- **DL #** ________ **Type** ________ **State** ________
- **DL Expiration Date** ________________________________
- **Damaged Part(s) of Car** ________________________________

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**List Other Occupants of Vehicles**

*(Indicate which vehicle each person occupied and where seated)*

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**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.