



Nationwide®
is on your side

Establish vehicle accident handling procedures before an accident occurs.

An accident has just occurred, and your driver is on the phone asking what he/she should do next. Does everyone in the office know what to do? What happens if the safety director, who normally handles accident calls, is unavailable? Are key people in your organization able to respond to the following questions?

- What information is needed?
- What do you need the driver to do?
- Who do you call to report the accident and when?
- What follow-up is needed?

If you're thinking it would be beneficial to have written guidelines and checklists to assist your staff with these questions, this bulletin is for you. It contains the following:

Accident procedures is a one-page guideline that should be posted and readily available to key staff. It contains guidelines for staff to assist a driver at the scene of an accident. It also contains a place for key insurance contact and claim reporting information.

Initial report of accident is a two-page form to be used in collecting initial information about the accident and managing the accident handling process. It helps you collect the critical information you and your insurers need in order to effectively handle any claims that may arise as a result of the accident. The document can also help collect data to assist in accident trend analysis.

The following additional accident-related resources are available from our **My Loss Control Services website**.

Commercial Auto Accident Reporting Kit. All vehicles should have an accident report in them to provide the



Being prepared for an accident can assist everyone involved and protect your organization.

driver with guidance on what to do at the scene of an accident. This trifold contains guidelines for what a driver should do at the accident scene, phototaking instructions, a form for collecting information and Nationwide's 1-800-421-3535 claim reporting number (also available in Spanish).

Accident Register—DOT Required. All accidents should be recorded in an accident register for tracking and analysis purposes. DOT-recordable accidents must be recorded in a specific accident register. This bulletin contains guidelines for determining which accidents must be recorded and a sample DOT accident register form.

Providing solutions to help our members manage risk.®

For your risk management and safety needs, contact Nationwide Loss Control Services: 1-866-808-2101 or LCS@nationwide.com.

Accident procedures

Drivers should be instructed to report all accidents and incidents, no matter how minor, when they happen. Getting detailed accident information as quickly as possible is important to limiting loss exposure as well as complying with regulations. Please adhere to the following:

- A. Each time a driver calls to advise that he/she was involved in an accident, remind the driver of the following:
 1. Go to other vehicles (if safe) and see if medical attention is needed. Call 911 for assistance.
 2. Protect the scene: use four-way flashers and set out safety equipment (reflective triangles) ASAP.
 3. If accident is serious, do not move the vehicle.
 4. Get names and phone numbers/email addresses of witnesses.
 5. Get information from other drivers involved in accident: name, phone, make, model, vehicle, owner, license plate number/state, insurance info.
 6. Do not discuss the specifics of the accident with other drivers. Do not admit fault.
 7. Check for a fuel spill.
 8. Take photos of the scene and vehicles.
 9. Complete the accident report form in truck, including diagram.
 10. Stay in contact with the company on the status of the accident scene.
- B. Contact emergency response company for fuel cleanup (if applicable).
- C. Get police information (officer, phone number, badge number, report number).
- D. For CDL regulated vehicles, D&A testing is required if accident involves a fatality; personal injury requiring medical treatment away from the scene and our driver is issued a citation; or any vehicle is towed and our driver is issued a citation. Obtain information on test site and advise the driver. Breath alcohol test must be completed within two hours. If not, document circumstances. If after eight hours, discontinue any attempt to test for alcohol. The drug test must be completed within 32 hours of the accident.
- E. For serious accidents (major property damage, injury, fatality), notify the insurance company immediately.
- F. Notify your shop of possible damages or repair issues.
- G. Complete the Initial Report of Accident.

Insurance contacts

Agent: _____ Cell: _____ Agency: _____

Agency Phone: _____ Fax: _____ Email: _____

<u>Coverage</u>	<u>Insurance company</u>	<u>Policy #</u>	<u>Expiration</u>	<u>Claim reporting #</u>
Auto Liability	_____	_____	_____	_____
Auto Phys. Damage	_____	_____	_____	_____
Cargo	_____	_____	_____	_____
Workers' Comp	_____	_____	_____	_____

Nationwide claim reporting information: 1-800-421-3535 or ENEWLOSS@nationwide.com

Complete insurance information and post these procedures in office so they are readily available.



Nationwide
is on your side

Initial report of accident

When:

Date: ___/___/___ Time: _____ AM PM (Home terminal) Number of vehicles involved: _____

Where:

Our vehicle traveling: N S E W on _____ in or near _____
(Direction) (Name of highway/road) (City/state)

intersecting with _____ or at mile marker _____
(Name of highway/road)

What (describe what happened)

Our driver

Name: _____ Cell: _____ Email: _____

Name of other drivers or passengers in our vehicle: _____

Driver or passenger injured? _____

Our vehicle

Tractor/Vehicle #: _____ Year: _____ Make: _____ VIN: _____

Plate #: _____ State: _____ Owned by: _____

Describe damage: _____

Trailer #: _____ Year: _____ Make: _____ VIN: _____

Plate #: _____ State: _____ Owned by: _____

Describe damage: _____

Our cargo Bill of lading #: _____

Shipper: _____ Contact: _____ Phone/Email: _____

Broker: _____ Contact: _____ Phone/Email: _____

Description of cargo: _____

Describe any damage: _____

Towing and recovery

Company: _____ Contact: _____ Phone/Email: _____

Continued >>

Other vehicle #1

Driver: _____ Phone: _____ Owned by (if not driver): _____

Year: _____ Make: _____ Model: _____ Plate # _____ State: _____

Describe any damage: _____

Insurance co: _____ Policy #: _____ Phone: _____

(Obtain same information on any other vehicles involved on another sheet)

Other property

Describe any other property damaged (guardrail, building, light pole, etc.): _____

Property owner: _____ Contact: _____ Phone / Email: _____

Police information

Did law enforcement respond? Yes No Officer name: _____ Phone: _____ Badge #: _____

Department: _____ Report/crash/case #: _____

Road/weather conditions

- 1. Road type: 2-lane 4-lane 4-lane divided More than 4-lane divided Ramp One-way Lot
- 2. Road surface: Asphalt Concrete Gravel Off-road
- 3. Surface condition: Dry Wet Snow-covered/packed Ice-covered/patchy
- 4. Weather: Sunny Cloudy Raining Misting Foggy Snowing Freezing rain/drizzle Wind
- 5. Traffic control: Stop signs Traffic lights Flagman Police RR crossing crossbuck/gate
- 6. Light condition: Daylight Dawn/dusk Dark Dark w/lighting

For CDL regulated vehicles, post-accident drug/alcohol testing is required if:

- Fatality
- Personal injury requiring medical treatment away from the scene, and our driver is issued a citation
- Any vehicle is towed and our driver is issued a citation

Testing facility: _____ Phone: _____ Date of test: _____

Follow-up checklist – have you:

- Requested a copy of the police report? Yes N/A
- Completed and filed a state, county or local accident report if required? Yes N/A
- Set up a separate accident file for all documents to be kept? Yes
- Received scene photos from driver? Yes N/A
- Received post-accident drug/alcohol test results? Yes N/A
- Retained driver logs/time cards for minimum of 7 days prior to the accident date? Yes N/A
- Retained maintenance records on equipment involved? Yes N/A
- Recorded the accident in the DOT Recordable Accident Register? Yes N/A

	Insurance Company	Date Reported	Adjuster Name	Adjuster Phone/Email
Auto Liability:				
Physical Damage:				
Cargo:				
Workers Comp:				
Other Party #1:				
Other Party #2:				