Accidents happen, preparation is key.

This business auto collision worksheet will help you note relevant details – including accident and witness information – so you’ll have what you need to stay organized.

If you’re in an accident, here are some tips to help you respond:

1. Stay calm and make sure you’re safe.
2. Stop and investigate. Check to see if everyone is okay.
3. If anyone is injured, call 911 or the appropriate emergency number.
4. Collect as many witness names, phone numbers, and addresses as possible.
5. Make no statement to anyone, except:
   a. a law enforcement officer;
   b. your company representative; or
   c. your insurance company representative.
6. Make no settlements. Do not comment or argue about the accident.
7. Do not sign any papers for anyone, except for the police, your employer, or their representative.
8. Complete this worksheet at the scene of the accident.
9. Call your employer in all cases involving injury or damage.
10. Return completed accident worksheet to owner or employer as soon as possible.

To file a claim or speak to a Claims service representative call
1-800-421-3535
E-mail: ENEWLOSS@nationwide.com
Fax: 1-800-554-2899

For more than 85 years, Nationwide has put our members first. As a Fortune 100 company and top 10 commercial insurance carrier, we work tirelessly to provide our commercial customers the insurance solutions they need to build secure financial futures.

Need more forms?
Contact Loss Control Services at 1-866-808-2101

nationwide.com
This worksheet does not replace required accident reports.

**Accident details**

- Date: _____ / _____ / _____
- Time: ____ : ____ M
- Location: __________________________________________________________
- Your speed at time of accident: _____ miles per hour
- What warning or signal given? ________________________________
- Road Conditions:  □ Dry  □ Wet  □ Snow  □ Ice
- Name of street or highway: ________________________________
- Vehicle owner: ____________________________________________
- License plate #: __________________ Unit #: ____________
- Equipment owner (if necessary): ______________________________
- License plate #: __________________ Unit #: ____________
- Employer: ____________________________________________
- Address: ____________________________________________
- Your name: ____________________________________________
- Address: ____________________________________________
- Driver’s license #: __________________ State: ______
- Home #: (_______) _________ - ____________
- Business #: (_______) _________ - ____________
- Investigating officer: ________________________________
- Officer badge #: __________________________________
- Station phone #: __________________________________

**Describe accident:** ________________________________________

- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________

**Damage to insured vehicle or equipment:** __________________

**Use diagram to display vehicle positioning:**

**Information of other vehicle involved**

- Driver’s name: ____________________________________________
- Driver’s license #: __________________ State: ______
- Vehicle license plate #: __________________ State: ______
- Phone (_______) _________ - ____________

**Witness information**

- 1. Name ____________________________________________
- Address: ____________________________________________
- City_________________________ State _____ Zip_______
- Phone (_______) _________ - ____________

- 2. Name ____________________________________________
- Address: ____________________________________________
- City_________________________ State _____ Zip_______
- Phone (_______) _________ - ____________

- 3. Name ____________________________________________
- Address: ____________________________________________
- City_________________________ State _____ Zip_______
- Phone (_______) _________ - ____________

**Photo Tips**

If the scene is safe, photograph the following from the entire scene:

1. From 25’ feet away, close up, in all directions
2. All sides of vehicles, damage areas, license plates, company name, DOT #
3. Any skid marks, traffic control devices, street signs, etc.