



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.

Need more forms?

Contact Loss Control Services at 1-866-808-2101



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.



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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.



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: _____

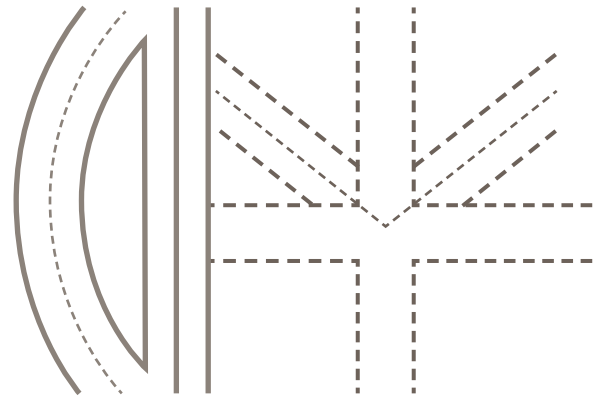
Officer badge #: _____

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.