

No Section Should Be Left Blank!

Motor Vehicle Accident Report

After an accident, this report must be completed and faxed to FLS Dispatch at (215) 862-0134 immediately, and submitted with your weekly timesheet.

General Information

Driver Name: John Smith Date of Accident: 4/10/2014
 Customer Name: XYZ Freight Time of Accident: 3:50 pm
 Weather Conditions (circle or write in): Clear Raining Snowing Fog Windy Ice Other: _____
 Location of Accident: Name of Road or Highway #: Market Street
 Intersecting Road: 15th Street City: Philadelphia State: PA

Accident Location Information.

Vehicle #1 (Truck or Auto of FLS Customer)

Vehicle Number: 2343 Year, Make, Model: 1996 Kenworth W-900
 Tag Number: BLW-3165 State: PA V.I.N. (Vehicle I.D.): 1ZF12345678910

Vehicle #1 Owner Information
 Name: XYZ Freight Phone #: (215)555-1234 Driver License #: N/A
 Address: 121 Main Street Philadelphia, PA Date of Birth: N/A Driver License State: N/A

Vehicle #1 Driver Information
 Name: John Smith Phone #: (215)555-3333 Driver License #: 26-555-262
 Address: 67 Maple Street Norristown, PA Date of Birth: 1/17/1969 Driver License State: PA
 Used with Permission: YES NO

The Truck/Vehicle of FLS Customer's information and who owns the truck.

Your Driver's license Information

Vehicle #2 (Truck or Auto)

Vehicle Number: N/A Year, Make, Model: 2010 Honda Civic
 Tag Number: YLL-8211 State: PA V.I.N. (Vehicle I.D.): AH34563444544

Vehicle #2 Owner Information
 Name: Jane Doe Phone #: (215)555-8541 Driver License #: 11-321-989
 Address: 21 Oak Avenue Philadelphia, PA Date of Birth: 3/26/1980 Driver License State: PA

Vehicle #2 Driver Information
 Name: Jane Doe Phone #: (215)555-8541 Driver License #: 11-321-989
 Address: 21 Oak Avenue Philadelphia, PA Date of Birth: 3/26/1980 Driver License State: PA
 Used with Permission: YES NO

The other vehicle's information and the vehicle's owner information. If none write None.

Your trailer information. Write N/A if no trailer.

Semi-Trailer Owner Information

Name: XYZ Freight Year, Make, Model: 1998 Great Dane
 Address: 121 Main Street Trailer #: 799
 City: Philadelphia State: PA Zip: 19019 Tag Number: 123GAB State: PA

Property Damage. If none write N/A or None.

Property Damage

Description: None
 Owner of Property: N/A Address of Property: N/A
 Type of Property: N/A Location of Property: N/A

Police Investigation

Officer's Name: Mike Copper Traffic Ticket Issued (circle one): YES NO
 Station # or Dept.: Philadelphia PD Moving Violation (circle one): YES NO
 City: Philadelphia State: PA Zip: 19017 County: Philadelphia Phone #: (215)555-7777

Police Information. If no Police at the scene write None.

Witnesses

Name of Witness	Address	Phone Number
1. <u>Bill Davis</u>	<u>58 South Street Philadelphia, PA</u>	<u>(215)555-9999</u>
2. _____	_____	_____
3. _____	_____	_____

Witnesses Information if any. If no witness write None.

Personal Injury Information

Name of Person Injured	Address	Phone Number	Type of Injury
1. <u>Jane Doe</u>	<u>21 Oak Avenue Philadelphia, PA</u>	<u>(215)555-8541</u>	<u>Cut on head</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Who was injured? If no one was injured write None.

Driver's Signature: Johnathan D. Smith Date: 4/10/2014
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Remember to Sign and Date!