

AHTN Accident Procedure Form



In the event of an accident or damage to ANY of our vehicles, please complete this form *email* Shastings@ahtn.org along with a phone call to report the incident.

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YOUR VEHICLE INFORMATION

Drivers Name:		DOB:
Drivers Address:		
Drivers License # / State:		Vehicle License #:
Make/Model:	Year of Vehicle:	Accident Date:
Describe damage to vehicle:		

YOUR PASSENGER INFORMATION

1. Name:	Telephone #:
2. Name:	Telephone #:
3. Name:	Telephone #:

INFORMATION ABOUT OTHER VEHICLE(S)

Owner's Name & Address :		
Driver's Name:		DOB:
Driver's Address:		
Drivers License # / State:		Expiration:
Year of Vehicle:	Make/Model:	Vehicle License #:
Insurance:	Policy No.:	Agent:

INFORMATION ABOUT OTHER VEHICLE(S)

Owner's Name & Address :		
Driver's Name:		DOB:
Driver's Address:		
Drivers License # / State:		Expiration:
Year of Vehicle:	Make/Model:	Vehicle License #:
Insurance:	Policy No.:	Agent:

WITNESSES

1. Name of Witness:	Phone#:
Address:	
2. Name of Witness:	Phone#:
Address:	
3. Name of Witness:	Phone#:
Address:	
4. Name of Witness:	Phone#:
Address:	

PROCEDURE IN THE EVENT OF AN ACCIDENT

- 1. SECURE THE VEHICLE:**
 - * Turn on Hazard Warning Lights
 - * Set Parking Brake
 - * Turn Off Engine
 - * Extinguish Any Fires / Smoking Materials
- 2. PROTECT THE ACCIDENT SCENE:**
 - * Set Out Emergency Warning Deflectors
 - * Move Vehicle If In Harms Way
 - * Direct Traffic
- 3. AID PASSENGERS AND INJURED PERSONS:**
 - * Check For Injuries
 - * Evacuate Vehicle If In Danger of Fire, Collision or Submersion
- 4. REPORT ACCIDENT / INCIDENT AND OBTAIN ASSISTANCE:**
 - * Contact Emergency Medical Services - Dial 911
 - * Contact Fire Department
 - * Contact Police Department
 - * Contact Your Risk Management
 - * Follow your Companies Reporting Procedures
- 5. REPORT / RECORD ACCIDENT FACTS AND INFORMATION (Accident Reporting Form)**
 - * Exchange Drivers License / Vehicle / Insurance Information
 - * Collect Witness/Passenger Information (use this form)
 - * Complete Accident Report Form With Diagram (this form)
 - * If a camera is available, Take Pictures of Vehicles/Accident Scene/Injured Parties (consider keeping a disposable camera in the vehicle)
- 6. REPORT A CLAIM**
 - * Have your PHLV Policy Number Ready

IN THE EVENT OF AN ACCIDENT, PLEASE CALL US OR FAX US TO REPORT A CLAIM

Phone: (800-765-9749)

Fax: (800-885-9238)

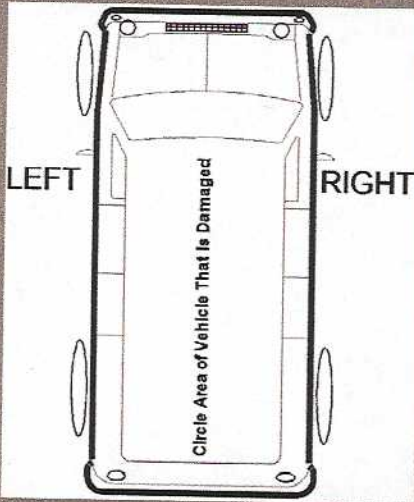
In case of an accident, please contact:

Shana Hastings, AHTN Administrative Consultant
 Cell# 267.992.3451 Shastings@ahtn.org

Crystal Myers, AHTN Program Consultant -
 Cell# 267.261.1681 Cmyers@ahtn.org

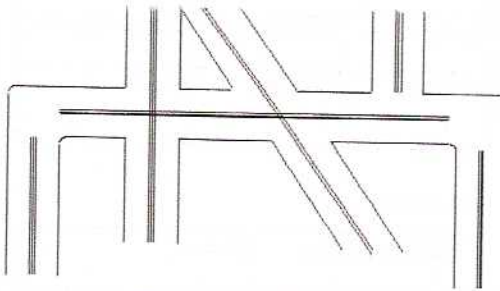
VEHICLE DAMAGE DIAGRAM

Fill in the following diagram to denote areas of damage to the vehicle.



ACCIDENT DIAGRAM

- 1) Show all vehicles and their direction of travel.
- 2) Use solid line and dotted lines to show vehicle paths before and after accident
- 3) Specify location of any pedestrians
- 4) Indicate traffic control devices or anything else relevant to accident

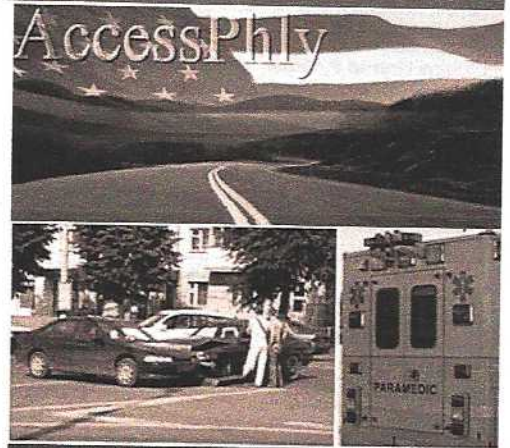


ACCIDENT DESCRIPTION:

VEHICLE SEATING DIAGRAM

Fill in the where injured passengers were sitting and indicate if they were in a wheel chair—WC

DRIVER					
#1	#2	#3	#4	#5	#6
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC		
#5	#6	#7	#8		
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC		
#9	#10	#11	#12		
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC		
#13	#14	#15	#16		
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC		
#17	#18	#19	#20		
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC		



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IN THE EVENT OF AN ACCIDENT
 FILL OUT THIS FORM

WWW.PHLY.COM



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*For a complete list of all PHLY offices
 please visit: www.phly.com

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