



Driver's Accident Report Form

IN THE EVENT OF AN ACCIDENT

NONPROFIT / INSURED

Driver – Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

Supervisor – Fax this Driver's Accident Report form to NDT's **insurance broker** immediately.

If a claim needs to be reported after business hours or on the weekend, call (610) 991 2929.

This number is reserved for true claims emergencies after business hours and weekends.

Driver/Vehicle Information

Name of Driver (first and last)		Driver's Age	Driver License No.	State
Driver's Address – Street		City	State	Zip
				Telephone No. ()
Name of Nonprofit / Employer			ANI/NIAC Policy Number	
Nonprofit/Employer Contact Name		Contact Email Address		
Nonprofit / Employer Address – Street		City	State	Zip
				Telephone No. ()
Make of Nonprofit's Vehicle	Body Type	Year	License Plate #	V.I.N. (last four digits)
Damage to Nonprofit's Vehicle:				

Accident Information

Date of Accident	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Accident AM / PM	Location - Street or Highway & City	
On what street were you driving?			Direction (circle one) N S E W	Speed (approximate)
On what street was other vehicle driving?			Direction (circle one) N S E W	Speed (approximate)
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of reporting officer	Agency	Citation/Report #	
Witness #1 Name (first and last)		Telephone No. ()	Email Address	
Witness #2 Name (first and last)		Telephone No. ()	Email Address	
Description of Accident (include weather and road conditions):				

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the accident)



Passenger(s) in Your Vehicle *(attached additional pages if needed)*

Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of doctor or hospital			

Other Vehicle Involved

Name of Driver (first and last)		Driver License No.	State
Address - Street	City/State/Zip	Telephone No. ()	Email Address
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address
Name of Insurance Company		Policy #	Telephone No. ()
Year/Make of Vehicle	Body Type	License Plate No.	State
Damage to Vehicle:			
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Vehicle Involved *(if any)*

Name of Driver (first and last)		Driver License No.	State
Address - Street	City/State/Zip	Telephone No. ()	Email Address
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address
Name of Insurance Company		Policy #	Telephone No. ()
Year/Make of Vehicle	Body Type	License Plate No.	State
Damage to Vehicle:			
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? Yes No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? Yes No



Network Design Technologies, Inc

3 Tatnall Street, Wilmington 19801

www.networkdesogntechologies.com

On the diagrams below, please draw the accident.

(Be sure to include any stop signs or traffic signals.)

Legend:

V 1 ▶ Your Vehicle

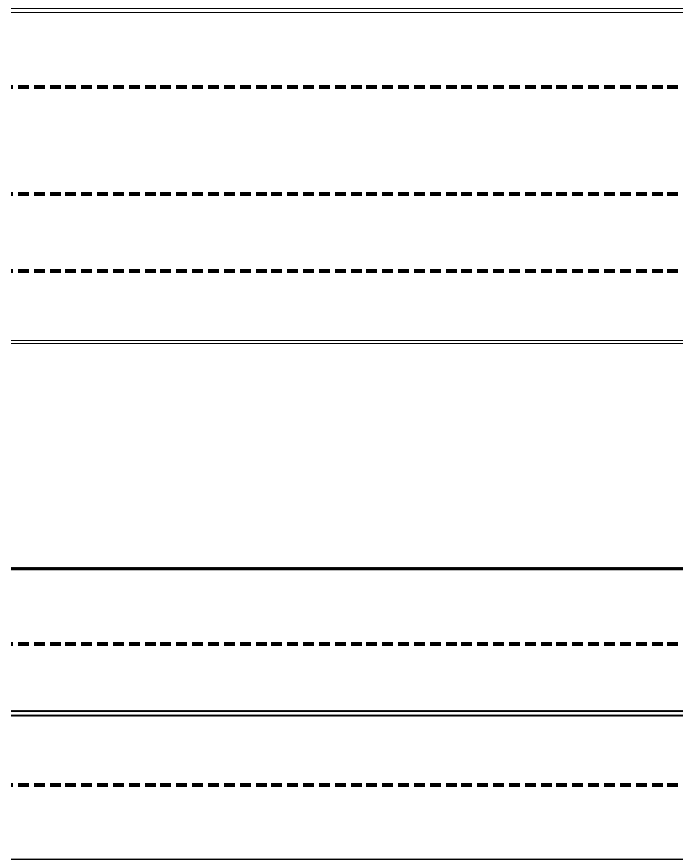
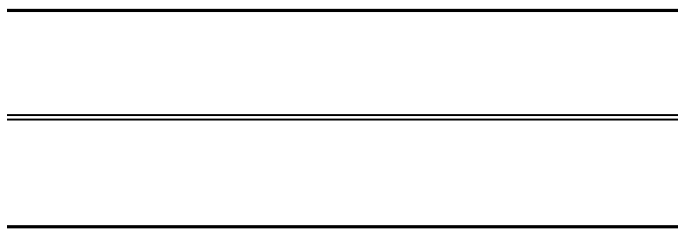
V 2 ▶ Other Vehicle

V 3 ▶ Other Vehicle (if any)

N

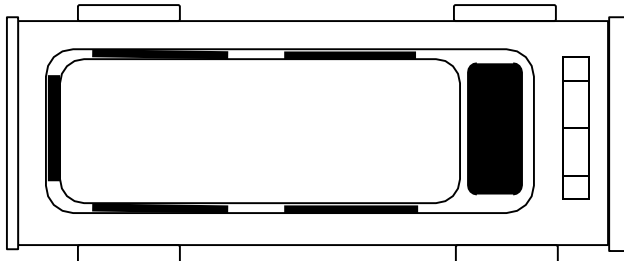


S

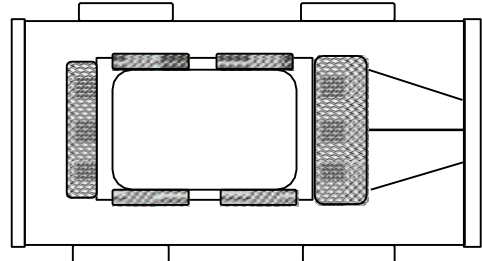


On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.

back ----- VAN ----- front



back ----- AUTO ----- front





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SIGNATURE OF DRIVER

DATE

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