
VEHICLE ACCIDENT REPORTING KIT

**SAFE DRIVING IS A
FULL TIME JOB!**

**REPORT ANY
INCIDENT / ACCIDENT
WITHIN 24 HOURS TO:**

GLATFELTER CLAIMS MANAGEMENT, INC.

**10100 Trinity Parkway, Suite 110
P.O. Box 7187
Stockton, CA 95267
Phone: 209-477-7707
Toll Free: 888-477-3007
Claims Fax: 866-747-7091**



.

IMPORTANT! READ THIS!

WHAT TO DO IN CASE OF ACCIDENT

1. Stop immediately, avoid obstructing traffic if possible. Put out emergency flares. Warn oncoming traffic UNLESS PERSONAL SAFETY IS JEOPARDIZED.
2. Aid the injured.
3. ALWAYS notify law enforcement and obtain a police report, no matter how minor you believe the incident to be.
4. Notify your supervisor immediately.
5. Get witnesses. Pass out Witness Courtesy Cards found inside this envelope & collect upon completion.
6. Do not discuss the accident with anyone except law enforcement, your employer, FAIRA or Glatfelter Claims Management, and only after each has presented proper identification. Sign no papers except from one of the above.
7. NEVER admit liability or agree to pay for damages.
8. Be courteous at scene of accident, do not argue. Show your driver's license willingly.
9. Submit a COMPLETED Driver's Report of Accident/Collision (found inside this envelope) to your supervisor/employer immediately after you return to the office, station, or place of work.
10. Take photos of vehicles, damaged property, drivers and passengers.

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**This packet should be carried
in vehicle at all times.**

Request new packet after use.

INSURANCE IDENTIFICATION CARD

The owner of this vehicle participates in a pooled public entity liability coverage program through
The Fire Agencies Insurance Risk Authority



451 Airport Road, Suite D, Novato, CA 94945

As authorized by Section 16020 (b)(4) of the California Vehicle Code

Information on how to initiate a claim can be obtained by contacting:

Glatfelter Claims Management, Inc.
Phone 888-477-3007 • Fax 866-747-7091
P.O. Box 7187, Stockton, CA 95267

UNATTENDED VEHICLE PROPERTY ACCIDENT NOTIFICATION

Date of Accident: _____ Time: _____

Address/Location of Accident: _____

Unattended Vehicle License # _____

Make, Model, Year: _____

Damaged Part(s) of vehicle or property: _____

District Name/Address: _____

District Driver: _____

Telephone: _____

District Vehicle License #: _____

District Vehicle Make, Model, Year: _____

WITNESS COURTESY CARD

Please Print Your:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Business Phone Number: _____

Date: _____ Time: _____

Did you see the accident Happen? _____

Remarks: _____

Use reverse side if necessary

WITNESS COURTESY CARD

Please Print Your:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Business Phone Number: _____

Date: _____ Time: _____

Did you see the accident Happen? _____

Remarks: _____

Use reverse side if necessary

DRIVER:

DRIVER'S REPORT OF ACCIDENT

**Always request a police report
Complete both sides of this form
Submit to your supervisor/Risk Management immediately**

SUPERVISOR:


**Notify Glatfelter Claims Management
888/477-3007 phone • 866/747-7091 fax**

DISTRICT NAME _____
DISTRICT ADDRESS _____
CONTACT PHONE # _____

Date of Accident _____

Time _____ a.m. / p.m. Day of Week _____
Location of Accident _____
Road Conditions _____
Weather Conditions _____
Your Direction _____
Speed _____
Direction of Other Car _____
Speed _____
Police Report Taken? ____ Report # _____
If not, why? _____
Police Department Name _____
Police Officer's Name _____
Badge Number _____
Was Summons Issued? ____ To Whom? _____


OTHER VEHICLE (Vehicle "B") 


Driver Phone _____
Driver's Lic. # _____ Type _____ State _____
DL Expiration Date _____
Address _____
Make, Model & Year _____
Vehicle Number (VIN) _____
License Plate # _____ State _____
Owner's Name _____
Owner's Address _____
Insurance Co. _____ Policy # _____
Damaged Part(s) of Car  _____


INJURED PERSONS ? 

- Name _____
Address _____
Nature & Extent of Injury _____
(If none noted or expressed, so state below)
- Name _____
Address _____
Nature & Extent of Injury _____
(If none noted or expressed, so state below)

OTHER VEHICLE (Vehicle "C") 

Driver _____ Phone _____
Driver's Lic. # _____ Type _____ State _____
DL Expiration Date _____
Address _____
Make, Model & Year _____
Vehicle Number (VIN) _____
License Plate # _____ State _____
Owner's Name _____
Owner's Address _____
Insurance Co. _____ Policy # _____
Damaged Part(s) of Car  _____

YOUR VEHICLE (Vehicle "A") 

Owner _____
Address _____
Make, Model & Year _____
Vehicle Number (VIN) _____
License Plate _____ State _____
Driver _____ Phone _____
DL # _____ Type _____ State _____
DL Expiration Date _____
Damaged Part(s) of Car  _____

List Other Occupants of Vehicles 

(Indicate which vehicle each person occupied and where seated)

COMPLETE REVERSE SIDE OF THIS FORM

