If you should have an accident:

1) Keep Calm.
2) Do Not Argue with Anyone at the Scene of the Accident.
3) Give Your Name and Driver’s License Number as Requested.
4) Prevent the Accident from Getting Worse
   a. Turn off the ignition
   b. Put our flags or reflectors or have someone warn approaching vehicles.
   c. Move vehicles off the travelled roadway as soon as possible.
5) Aid the Injured.
   a. See that any injured get medical attention promptly.
   b. Do not oblige yourself for medical or other expense beyond necessary first aid.
6) Do NOT Admit Responsibility.
   a. Do not discuss the facts of the accident with anyone except authorities, your administration office, your agent, and/or a Utica National Insurance Group Claims Representative.
   b. Do not admit guilt or responsibility for any traffic violation.
7) Do NOT Reveal or Discuss the Type of Limits of your coverage to anyone except your legal counsel.
8) Report the Accident As Soon As Possible.
   Promptly contact your employer, insurance agent, and/or Utica National Insurance Group.
9) Complete this Report Including the Diagram.
10) Return Completed Report to the Business Office on Windfall Road.

- Indicate Direction for North Near the Diagram.
- Select Most Appropriate Intersection or Road Section or Make a More Appropriate Sketch.
- Use a Solid Line to Show Path of Vehicle Before Collision. → →
- Use a Dotted Line for After Collision. …› …›
- Number Each Vehicle and Show Directions by Arrow.
- Show Pedestrian with a “P”.
- Indicate Other Land Features, Railroad, Water, Traffic Controls, etc.
**CATTARAUGUS-ALLEGANY BOCES**

**VEHICLE ACCIDENT REPORT**

**Information to Collect From the Driver of Other Vehicle**

Other **Driver’s Name**: ________________________________

Other Driver’s Address: ________________________________

City: __________________ State: __________ Zip Code: _________

Driver’s License Number: _____________________________ Driver’s License State: __________

Other Driver’s Phone Number: __________________________ (Include Area Code)

Other Vehicle **Owner’s Name**: __________________________

Owner’s Address: ______________________________________

City: __________________ State: __________ Zip Code: _________

Owner’s Phone Number: _______________________________ (Include Area Code)

Other Vehicle License Plate Number: _____________________ License Plate State: __________

Make of Other Vehicle: __________ Model: ______________ Year: __________

Other Driver’s Insurance Company: ________________________

Policy Number: ______________________________________

**PASSENGERS**

List Names, Addresses, and Phone Numbers of Passengers in Other Vehicle:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Location of & Damage to Other Vehicle: ______________________

Was Other Vehicle Moved: Y  N  To What Location: ________________

(Circle One)

**WITNESSES**

List Names, Addresses, and Phone Numbers of Witnesses to the Accident – Get as Many as Possible

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
CATTARAUGUS-ALLEGANY BOCES
VEHICLE ACCIDENT REPORT

The Accident

Date of Accident: ___________ Time: ___________ AM/PM: ___________

Name of BOCES Driver: ______________________ Position with BOCES: ______________

Vehicle License Plate Number: ___________ VIN: ______________

Make of Vehicle: ______________ Model: ______________ Year: ___________

Location of Accident: _______________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Speed of Vehicle: ___________ MPH Speed of Other Vehicle: ___________ MPH

Direction Vehicle: __________________________________________________________________________________________

Condition of Road: __________________________________________________________________________________________

Weather Conditions: ________________________________________________________ Visibility: ______

Police Report Filed: Y     N Date Filed: ______________ Pictures Taken: Y     N
(Circle One)                                                                                               (Circle One)

Summons Issued: Y     N To Whom: __________________________________________________________________________
(Circle One)

Describe What Happened: ______________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Location of & Damage to BOCES’ Vehicle: __________________________________________________________________________

Was BOCES’ Vehicle Moved: Y     N To What Location: __________________________________________________________________
(Circle One)

PASSENGERS

List Names, Addresses, and Phone Numbers of Passengers in BOCES’ Vehicle:

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________
CATTARAUGUS-ALLEGANY BOCES
VEHICLE ACCIDENT REPORT

Injuries

Name of Injured Person: ________________________________________________________________
Address of Injured Person: ____________________________________________________________
City: __________________________ State: ___________ Zip Code: ________
Phone Number of Injured Person: ___________________________ (Include Area Code)
Passenger of Which Vehicle: ___________________________________________________________
Nature of Alleged Injuries: ___________________________________________________________
Name & Address of Hospital: ___________________________________________________________
Name of Injured Person: _____________________________________________________________
Address of Injured Person: ____________________________________________________________
City: __________________________ State: ___________ Zip Code: ________
Phone Number of Injured Person: ___________________________ (Include Area Code)
Passenger of Which Vehicle: ___________________________________________________________
Nature of Alleged Injuries: ___________________________________________________________
Name & Address of Hospital: ___________________________________________________________
Name of Injured Person: _____________________________________________________________
Address of Injured Person: ____________________________________________________________
City: __________________________ State: ___________ Zip Code: ________
Phone Number of Injured Person: ___________________________ (Include Area Code)
Passenger of Which Vehicle: ___________________________________________________________
Nature of Alleged Injuries: ___________________________________________________________
Name & Address of Hospital: ___________________________________________________________

Other Information

Were Driver & Passenger Wearing Seat Belts? BOCES’: Y N (Circle One) Other: Y N (Circle One)
What Statement(s) Did Other Party Make Regarding Cause or Fault? ______________________________
____________________________________________________________________________________
____________________________________________________________________________________