VEHICLE ACCIDENT REPORT FORM  
What to Do in Case of an Accident

Review the following information BEFORE placing brochure(s) in a vehicle:

1. LMCIT recommends that training be provided to each driver on how to complete this form in the event of a vehicle accident.

2. Before placing brochure in the vehicle, the front (phone number for office or supervisor) and back pages of the brochure should be filled out:
   ✓ Vehicle and insurance identification information should be entered.
   ✓ If the vehicle is assigned to a specific driver, fill out driver information.
   ✓ If the driver of the vehicle could vary, the driver information should be filled out at the time of an accident.

3. Be aware that information recorded on this brochure should be treated as government data and will be subject to the requirements of the Minnesota Government Data Practices Act (MN Statutes, Chapter 13).

Questions regarding this Vehicle Accident Report Form should be directed to your assigned LMCIT Loss Control Consultant or to Joel Muller, LMCIT Field Services Manager at 651-215-4079 / 1-800-925-1122 or jmuller@lmc.org.
ACCIDENT INFORMATION

DATE: ____/____/____  TIME: _____________ AM or PM

LOCATION:_______________________________________
(STREET, HIGHWAY, ETC.)
________________________________________________
________________________________________   ________
(CITY)            (STATE)

☐ Clear  ☐ Rain  ☐ Snow
☐ Fog  ☐ Sleet
☐ Other: __________________________

☐ Dry  ☐ Wet  ☐ Icy
☐ Under Construction
☐ Other: __________________________

VEHICLE DIRECTION

Yours
☐ N  ☐ S  ☐ E  ☐ W  ☐ OTHER

Other
☐ N  ☐ S  ☐ E  ☐ W  ☐ OTHER

INTERSECTION CONTROL

☐ Not at Intersection  ☐ Not Controlled
☐ Signal Lights
☐ Stop Sign:  ☐ 4 Way  ☐ 3 Way  ☐ 2 Way
☐ Other: __________________________

BRIEF DESCRIPTION OF ACCIDENT

(Using FACTS ONLY, explain in detail what happened. Include length and position of skid marks, any conversation with other driver, etc.)

________________________________

DIAGRAM

Draw a detailed sketch of accident on grid area below. Show direction and position of vehicles involved. Show number of lanes, traffic control devices, pedestrians, etc. Use symbols shown below. If possible, take photos of the accident scene.

Your Vehicle: 
Other Vehicles: 

INDICATE NORTH BY PLACING AN ARROW IN CIRCLE BELOW:
LAW ENFORCEMENT / MEDICAL
(If at scene, get this info)

OFFICER NAME: ________________________________
BADGE #: ______________________________________
HEADQUARTERS: ________________________________
(CITY & STATE)

NAME OF AMBULANCE SERVICE:
__________________________________________

OTHER VEHICLE INFORMATION
(If another driver is involved, get this info)

DRIVER’S NAME: ______________________________________
DRIVER’S PHONE #: _______________________
VEHICLE DESCRIPTION:
__________________________________________
(YEAR / MAKE / MODEL)

VEHICLE LICENSE PLATE: _______________________
VEHICLE OWNER: _________________
INSURANCE POLICY #: _______________________
POLICYHOLDER’S NAME: _______________________
INSURANCE PHONE #: _______________________

WITNESSES

1. NAME: _________________________________
   PHONE #: _____________________________
2. NAME: _________________________________
   PHONE #: _____________________________

ACCIDENT REPORT

MY NAME: _______________________________
MY WORK ADDRESS: _______________________
                                 _______________________
MY WORK PHONE #: _______________________  
MY EMPLOYEE I.D. # (if any): _______________________
MY DRIVER’S LICENSE:
                                 ________________

VEHICLE DESCRIPTION:
__________________________________________

(YEAR / MAKE / MODEL)

VEHICLE LICENSE PLATE: _______________________
VEHICLE OWNER: _________________
INSURANCE POLICY #: _______________________
POLICYHOLDER’S NAME: _______________________
INSURANCE PHONE #: _______________________

VEHICLE ACCIDENT REPORT

WHAT TO DO IN CASE OF AN ACCIDENT:

1. PREVENT FURTHER ACCIDENTS:
   a. Get as far as safely possible off the traveled portion of
      the roadway.
   b. Place emergency reflectors or flares, as needed.
   c. Avoid obstructing traffic, if possible.

2. AID THE INJURED AND SEE THAT THEY OBTAIN
   MEDICAL ATTENTION. DO NOT MOVE SERIOUSLY
   INJURED PERSONS UNLESS THEIR LIVES APPEAR
   IMMEDIATELY THREATENED (by fire, explosion, etc.).

3. IMMEDIATELY CALL:
   a. Law enforcement agency
   b. Your office and/or supervisor for additional instructions
      Phone No. ____________________________

4. COMPLETE THE ACCIDENT REPORT FORM IN THIS
   KIT BEFORE YOU LEAVE THE SCENE – Be sure to
   complete ALL sections!

5. PROVIDE ONLY BASIC INFORMATION TO OTHER
   PARTIES INVOLVED:
   a. Your name
   b. Your address
   c. Your vehicle registration information
   d. Upon Request: Your Driver’s License Number
   e. Upon Request: Your proof of vehicle insurance

6. USE CAUTION: YOUR ACTIONS AND
   CONVERSATIONS ABOUT THIS ACCIDENT MAY
   BECOME EVIDENCE IN A LAWSUIT.

7. IF THE ACCIDENT INVOLVES A FIXED OBJECT OR AN
   UNATTENDED VEHICLE:
   a. Take reasonable steps to locate the owner.
   b. If unable to locate owner, leave a note with your
      name, your employer’s name, address and phone
      number.

8. REPORT THE ACCIDENT WHEN YOU RETURN TO THE
   OFFICE OR MAIN LOCATION.

LEAGUE OF MINNESOTA CITIES
INSURANCE TRUST
145 University Ave. West
St. Paul, MN 55103