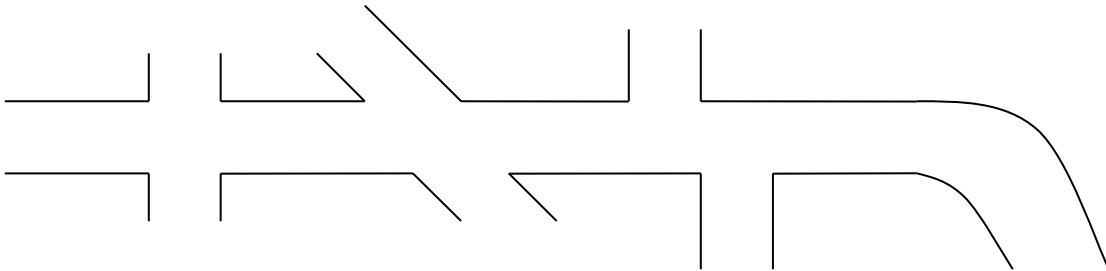


# CATTARAUGUS-ALLEGANY BOCES VEHICLE ACCIDENT REPORT

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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 out 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:

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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

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**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: \_\_\_\_\_ Direction of Other 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      Other:    Y   N  
    (Circle One)    (Circle One)

What Statement(s) Did Other Party Make Regarding Cause or Fault? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_