

Washington State Motor Pool

> CEI IS HERE TO HELP



GOVERNMENT FLEET ACCIDENT REPORTING PROCEDURES

> KEEP IN YOUR VEHICLE, ACCESSIBLE AT ALL TIMES.

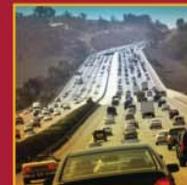
**COMPLETE THIS FORM
BEFORE LEAVING THE
ACCIDENT SCENE AND
BEFORE CALLING:**

1-877-443-5777

Accident Reporting Procedures

If your State Motor Pool vehicle has been damaged:

- Get help for the injured.
- When reporting to police, follow the laws of the state in which the accident occurred.
- Complete all the information requested on this form and call CEI at 1-877-443-5777 before leaving the scene of the accident. Experienced claims specialists are available 24 hours-a-day, 7 days-a-week. Identify yourself as an employee of **the State of Washington in a Motor Pool (DES) vehicle.**
- Notify the State Motor Pool at 1-800-542-6840 within 24 hours of accident.
- If you have any questions regarding your vehicle or this form, call 1-800-542-6840.



INVENTING

ADVANCING

LEADING

Washington State Motor Pool

We understand that an automobile accident can be a stressful experience... your safety and convenience are our top priorities. CEI will help you every step of the way by arranging for towing (if necessary), identifying the closest approved repair facility and managing the repairs.

Prior to Your Vehicle's Tow and/or Repair

Remove all State property and personal belongings from the vehicle. The repair facility is not responsible for lost or stolen property.

Loaner vehicles are available throughout the State of Washington. Call the Motor Pool for more information at 1-800-542-6840.

> WHAT TO DO IMMEDIATELY AFTER AN ACCIDENT

Ten things to do at the scene of an accident

- 1. Don't Move the Injured.** Turn off the ignition and check for injuries: yourself, your passengers, then others. Don't move anyone who is injured or complains of neck, shoulder, back or leg pain—all signs of serious injury.
- 2. Watch Your Step.** Be careful not to walk into the path of oncoming traffic or into spilled fluids.
- 3. Call the Police.** Call the police and request emergency medical help if needed. Report every accident. A police report can challenge someone who changes their story and files a claim against you.
- 4. Don't Move Vehicles.** Unless the vehicles are blocking the roadway or endangering oncoming traffic or pedestrians, do not move them before the police and emergency teams arrive. Activate your flashers.
- 5. Take Notes.** Record as much information as you can regarding all of the vehicles and people involved in the accident.
- 6. Don't Admit Fault.** Never be evasive when questioned by an investigating officer, but don't volunteer any information. And never admit fault to anyone.
- 7. Getting Your Vehicle Towed.** Don't let your vehicle be towed by an unknown driver to an unfamiliar repair shop. Don't authorize repairs or other charges on a towing receipt. Follow your fleet policy faithfully.
- 8. Don't Accept Money.** Neither accept nor offer cash to settle the claim, regardless of how small. Otherwise, problems that come up later may be at your expense.
- 9. Report the Accident.** Promptly report every accident to your fleet representative—no matter how minor. If not at the scene, do it as soon as you are home.
- 10. Before You Leave the Scene.** Check your notes, be sure you haven't forgotten anything. The more information you have, the more questions you can answer.

Be Prepared: No one wants to have an accident, but you should do your best to be prepared. Keep vital information in your wallet or in your vehicle. It's a good idea to have a camera, notepad and pencil on hand.

After the Fact: Some things will come to you after you've calmed down, or when you're relating the story to friends and family. Write it down.



> COMPLETE THIS INFORMATION BEFORE LEAVING THE SCENE OF THE ACCIDENT.

I am a CITY COUNTY STATE FEDERAL Employee

Government Driver Information

Name of Driver _____
 Age _____ Employing Agency _____
 Position _____
 Work Address _____
 Zip _____ Work Phone _____
 Was vehicle used on Official Government Business? Yes No
 Any previous accidents while driving on government business? Yes No
 Operator's License # _____
 License Restrictions Yes No If Yes, Indicate _____

GOVERNMENT VEHICLE #1 (V-1)

License Plate # _____
 Year _____ Make _____ Model _____
 Vehicle ID # (VIN) _____
 # of Passengers _____ Est. Repair Cost _____
 Owing Agency _____
 Equipment # (If Government Owned) _____
 Name/Address of Owner (If Privately Owned) _____
 Describe Damage (Parts, Type and Extent of Damage) _____

CEI WAS NOTIFIED OF ACCIDENT ON:

Date _____ Time _____

OTHER VEHICLE (V-2)

Owner _____
 Driver _____ Age _____
 Driver's License # _____ State/Prov. _____
 Address _____
 City _____ State/Prov. _____ Zip _____
 Phone _____
 Year _____ Make _____ Model _____
 License Plate # _____ State/Prov. _____
 Vehicle ID # (VIN) _____
 Damage _____

 Insurance Company _____
 Policy # _____
 Agent's Name _____
 Phone _____ Fax _____

PASSENGERS/WITNESSES

Name _____ Age _____
 Address _____
 Phone _____
 Passenger: vehicle 1 2 or 3
 Witness: passing motorist pedestrian

Name _____ Age _____
 Passenger: vehicle 1 2 or 3
 Witness: passing motorist pedestrian

Name _____ Age _____
 Address _____
 Phone _____
 Passenger: vehicle 1 2 or 3
 Witness: passing motorist pedestrian

Name _____ Age _____
 Address _____
 Phone _____
 Passenger: vehicle 1 2 or 3
 Witness: passing motorist pedestrian

INJURIES

Name _____ Age _____
 Vehicle 1 2 3 or pedestrian
 Phone _____
 Hospitalized No Yes Fatality
 If Yes, where? _____
 Extent of injuries _____

Name _____ Age _____
 Vehicle 1 2 3 or pedestrian
 Phone _____
 Hospitalized No Yes Fatality
 If Yes, Where? _____
 Extent of injuries _____

> COMPLETE THIS INFORMATION BEFORE LEAVING THE SCENE OF THE ACCIDENT.

OTHER VEHICLE (V-3)

Owner _____

Driver _____ Age _____

Driver's License # _____ State/Prov. _____

Address _____

City _____ State/Prov. _____ Zip _____

Phone _____

Year _____ Make _____ Model _____

License Plate # _____ State/Prov. _____

Vehicle ID # (VIN) _____

Damage _____

Insurance Company _____

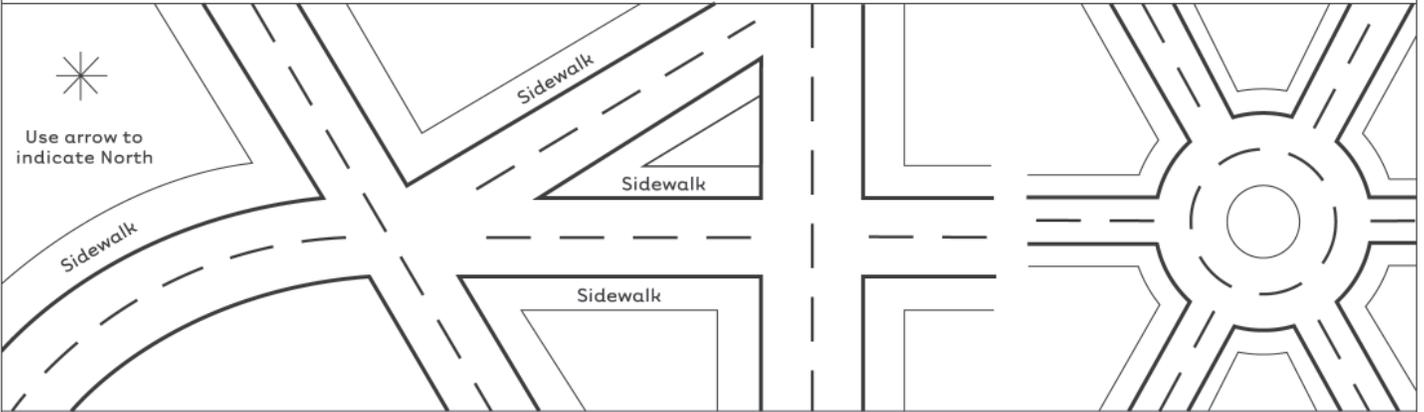
Policy # _____

Agent's Name _____

Phone _____ Fax _____

ACCIDENT DESCRIPTION

Important: Please fill in diagram below. Show position of your vehicle and other vehicle(s) involved, with direction vehicle(s) were traveling.



Indicate location of traffic controls such as signals, signs, lights, police markers, etc.

ACCIDENT INFORMATION

Date _____ Time _____ Day of week _____

Street or Highway _____

City/County _____

State/Prov. _____

Weather conditions _____

Road conditions _____

Traffic controls _____

Speed limit _____ Traveling speed _____

POLICE INFORMATION

Was a police report taken? Yes No

Department _____

Phone _____ Report # _____

Officer's Name _____ Badge # _____

Citation(s) issued to you _____

Citation(s) issued to other party(s) _____

X _____

Government Driver's Signature _____ Date _____

X _____

Supervisor's Signature _____ Date _____