

## What a SVdP Volunteer Driver should do in the event of an accident:

- After calling the police and medical assistance if necessary, call local SVpD supervisor and notify them of the accident.
- Indiana State law requires that the Police must be called if there is personal injury or if the combined damages to vehicles or other property are estimated to be in excess of \$1,000.
- If this is a minor damage accident (combined damage estimate of all vehicles involved is less than \$1000), drivers are not required to call the police. **Drivers should exchange the following information before leaving the scene:** name, address, telephone number, driver's license number, vehicle information including license plate, and vehicle insurance company name, policy number, and telephone number. **Get all information required to complete the accident report.**
- If you have a cell phone capable of photos, take as many pictures of the scene and damage as possible including the other vehicle license plate and other documents like the other driver's license and insurance information.
- Provide to other driver the insurance information from the forms in the truck.
- Complete the enclosed Accident Report.

### SVDP Vehicle Accident Report

<b>Date and Time of Accident</b> _____	<b>How did the accident happen:</b>
<b>SVdP Truck Number</b>	
Other Vehicle involved <u>Yes - No</u>	
Other Property Damaged <u>Yes - No</u>	
Injuries To SVdP Volunteer <u>Yes - No</u>	
Injuries To Others Involved <u>Yes - No</u>	
Police on scene <u>Yes - No</u>	
<b>Police Report Number -</b>	

**Accident Location**

**Injuries**

Who Injured \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Medical Attention Provided \_\_\_\_\_

**Damages To (Describe)**

SVdP Vehicle \_\_\_\_\_

Other Vehicle \_\_\_\_\_

Other Property Damages \_\_\_\_\_

**SVdP Driver information**

Name \_\_\_\_\_

Address, City \_\_\_\_\_

DL Number \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Other Driver information**

Name \_\_\_\_\_

Address, City \_\_\_\_\_

DL Number \_\_\_\_\_ Vehicle License Number \_\_\_\_\_

Other Vehicle: Insurance Co. \_\_\_\_\_ Policy Num. \_\_\_\_\_

Contact Phone Number \_\_\_\_\_