

CHECKLIST OF THINGS TO DO IF VEHICLE YOU ARE DRIVING MEETS WITH AN ACCIDENT

1. Check if all passengers are all right.
2. Visually examine all passengers for injuries. If anyone is complaining of pain, DO NOT MOVE HIM/HER. Instead call or seek assistance to call an ambulance and wait till it arrives.
3. If you are unable to call ambulance you should take assistance of any witness to call the ambulance and ask him/her to call the emergency numbers listed in the last paragraph.
4. If any individual has stopped breathing or is bleeding excessively you should immediately inform the accident response team (911).
5. If the passengers appear uninjured, your immediate action should be to move everyone out of harm's way.
6. If the vehicle is operable, drive the vehicle off the road as quickly as possible. If the vehicle does not run, escort everyone to a place of safety off the road.
7. Call the police. *The police **must be called** for every accident involving a Company vehicle no matter how small.* Police complaint number, police officer's name & badge number and the officer's telephone number must be recorded.
8. Complete 'On the Spot Accident Report'.
9. All occupants in the CSC vehicle involved in an accident will be taken to the hospital emergency room for check-up **even if** no one complains or appears uninjured.
10. **Emergency Numbers :-** The following are to be notified immediately on occurrence:
 - a. *Your Supervisor:*
 - b. *Thomas Alexander : 443 277 9475*
 - c. *Jai Nibber : 443 473 4351*



Center for Social Change, Inc.

ON THE SPOT ACCIDENT REPORT

Center for Social Change Inc. Phone: # 410 579 6789 Insurance Company: Selective Casualty Insurance Co
6600 Amberton Drive Contact Name: Thomas Alexander Policy: S222679800
Elkridge, MD 21075 Coverage 7/01/2016 - 7/01/2017

TO BE COMPLETED BY THE DRIVER AT THE PLACE OF ACCIDENT

DETAILS OF CSC VEHICLE

(Please Print)

Name of the Driver of CSC Vehicle
Driver's License Driver's Home Phone #
Driver's Address City State Zip
Driver's Supervisor
Date of Accident / / Time Place

(Attach Hand Drawn Map If Possible)

CSC Vehicle # Year Make/Model License Plate #
VIN # Odometer Reading

Damage to the Vehicle (Attach Vehicle Damage Chart)

Of Occupants in Vehicle Any Injuries (Attach Additional Paper if Required)

Are you injured? Yes No Are you claiming Injured Worker's Claim? Yes No

Signature of CSC Driver Date / /

DETAILS OF OTHER VEHICLE INVOLVED IN THE ACCIDENT

Driver's Name License #
Driver's Address City State Zip
Cell/Home Phone # Alt Phone #
Vehicle VIN # Year Make/Model
Color License Plate # Issued by Odometer Reading
Number/Name of Occupants

Owner's Name Address
City State Zip

Phone # Alt Phone #

Owner Insurance Company Owner's Policy #

Policy Expiration Date Insurance Company's Phone #

Damage to Other Vehicle (Attach Vehicle Damage Chart)

Any Injuries (Attach Additional Paper if Required)

Signature of the Other Driver Date / /

POLICE REPORT (ALWAYS CALL THE POLICE)

Name of the Officer Phone #

Police Report # (Ask & attach copy if handed over by the officer)

PHOTOGRAPH(S)

Please take photographs of the damage/no damage to CSC and other vehicle to prove your case. Use cell phone camera if available.



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WITNESS INFORMATION

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Elkridge, MD 21075 Coverage 7/01/2016 - 7/01/2017

WITNESS # 1

Name
Address City State Zip
Cell/Home Phone # Alt Phone #

STATEMENT OF FACTS:

SIGNATURE

WITNESS # 2

Name
Address City State Zip
Cell/Home Phone # Alt Phone #

STATEMENT OF FACTS:

SIGNATURE



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EMPLOYEE STATEMENT

(Each Employee Must File a Separate Report)

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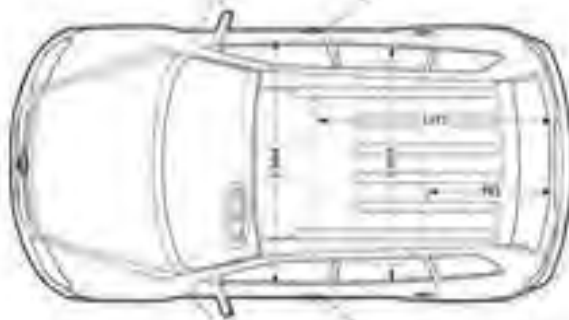
(Please Print All Information)

Name of the CSC employee
Employee's Driver's License # Home Phone
Employee's Address City State Zip
Employee's Supervisor
Date of Accident / / Time Place
(Attach Hand Drawn Map If Possible)
CSC Vehicle # Year Make/Model License Plate #
VIN # Odometer Reading
Damage to the Vehicle (Attach Vehicle Damage Chart)

EMPLOYEE STATEMENT:

Employee Signature Date / /

DAMAGE TO CSC VEHICLE



Date ___/___/___

Windows:

Lights:

Bumpers:

Tires/Wheels:

Body:

DAMAGE TO OTHER VEHICLE



Date ___/___/___

Windows:

Lights:

Bumpers:

Tires/Wheels:

Body:



Center for Social Change, Inc.

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

To be Completed by the Supervisor of the Employee Involved in the Accident

Name (of the Employee Driving CSC Vehicle) _____

CSC Vehicle # _____ Accident Date _____ Time of Accident _____ am/pm

License Plate # _____ VIN # _____

Accident Location _____

City _____ State _____ Pin _____ Zip code

Was the Police called? YES / NO

Police Report # _____ Officer's Name _____

Officer's # _____ Officer's badge #

Telephone # _____ #

Description of the Accident

(Attach On the Spot Accident Report and Diagram Depicting the Accident)

Describe the Damage to Vehicles

Where is the Vehicle Located Currently? _____

Describe why Employee was Using CSC Vehicle.

Did the Employee have CSC's Permission to Drive?

Were there any Injuries? Were they offered medical attention?

(State answers to the offer for medical attention against each name)

Name	Injury	Medical Attention Accepted? Yes / No
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Were CSC Individuals in the Vehicle Checked by the Doctor? ____ Yes/No

Supervisor's Signatures _____ Date _____