SAVE

PRINT

Center for Social Change, Inc.

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:* **Allmerica Financial Benefits**
Contact Name: ***Thomas Alexander*** **AWQJ48385901**
Elkridge, MD 21075 *Coverage* 07/01/2025 - 06/30/2026

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.

WITNESS INFORMATION

Center for Social Change Inc. *Phone:* **# 410 579 6789** *Insurance Company*: **Allmerica Financial Benefits**
6600 Amberton Drive *Contact Name:* ***Thomas Alexander*** *Policy:* **AWQJ48385901**
Elkridge, MD 21075 *Coverage* 07/01/2025 - 06/30/2026

WITNESS # 1

Name _____
Address_____ **AWQJ48385901** _____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_____

EMPLOYEE STATEMENT

(Each Employee Must File a Separate Report)

Center for Social Change Inc. *Phone:* **# 410 579 6789** *Insurance Company:* **Allmerica Financial Benefits**
6600 Amberton Drive *Contact Name:* ***Thomas Alexander*** *Policy:* **AWQJ48385901**
Elkridge, MD 21075 *Coverage* 07/01/2025 - 06/30/2026

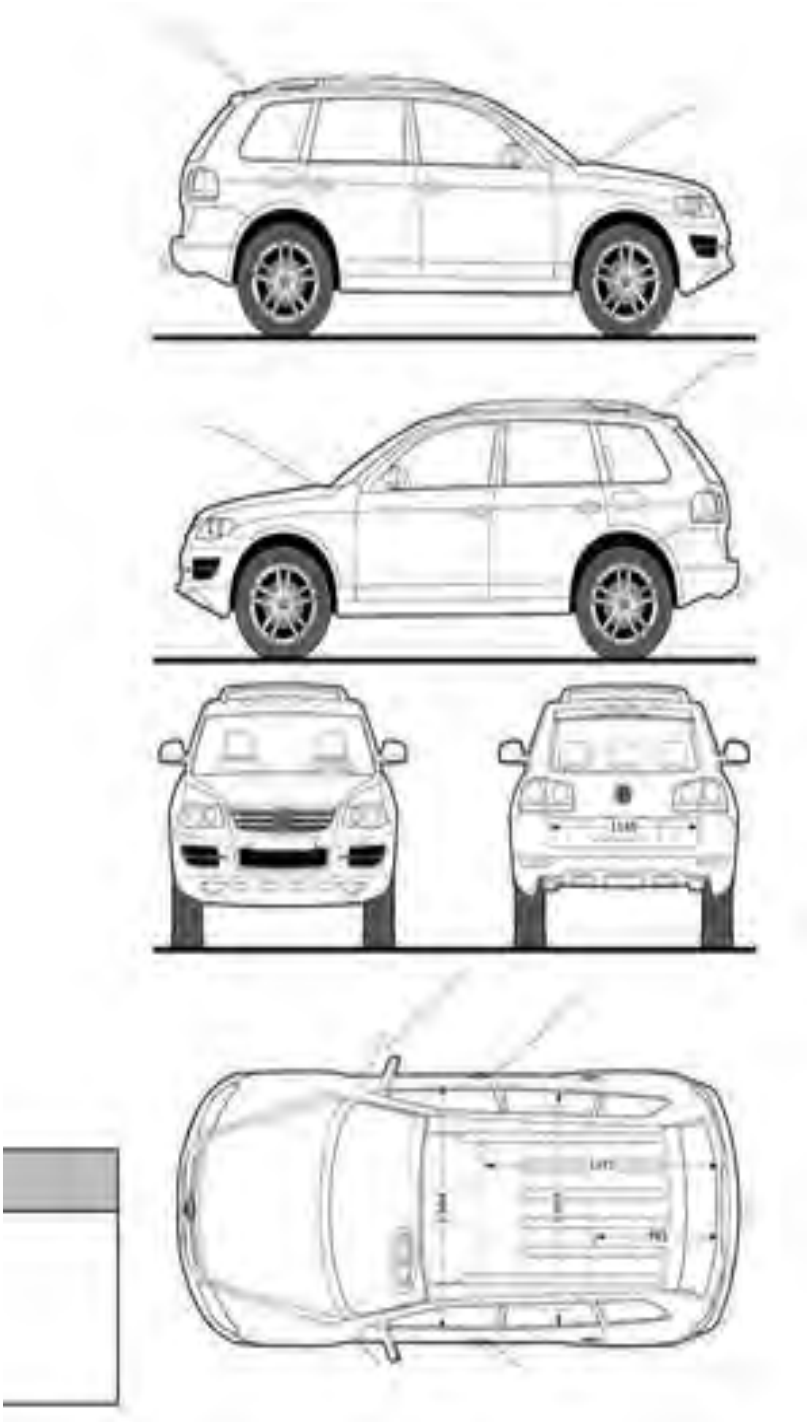
(Please Print All Information)

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:

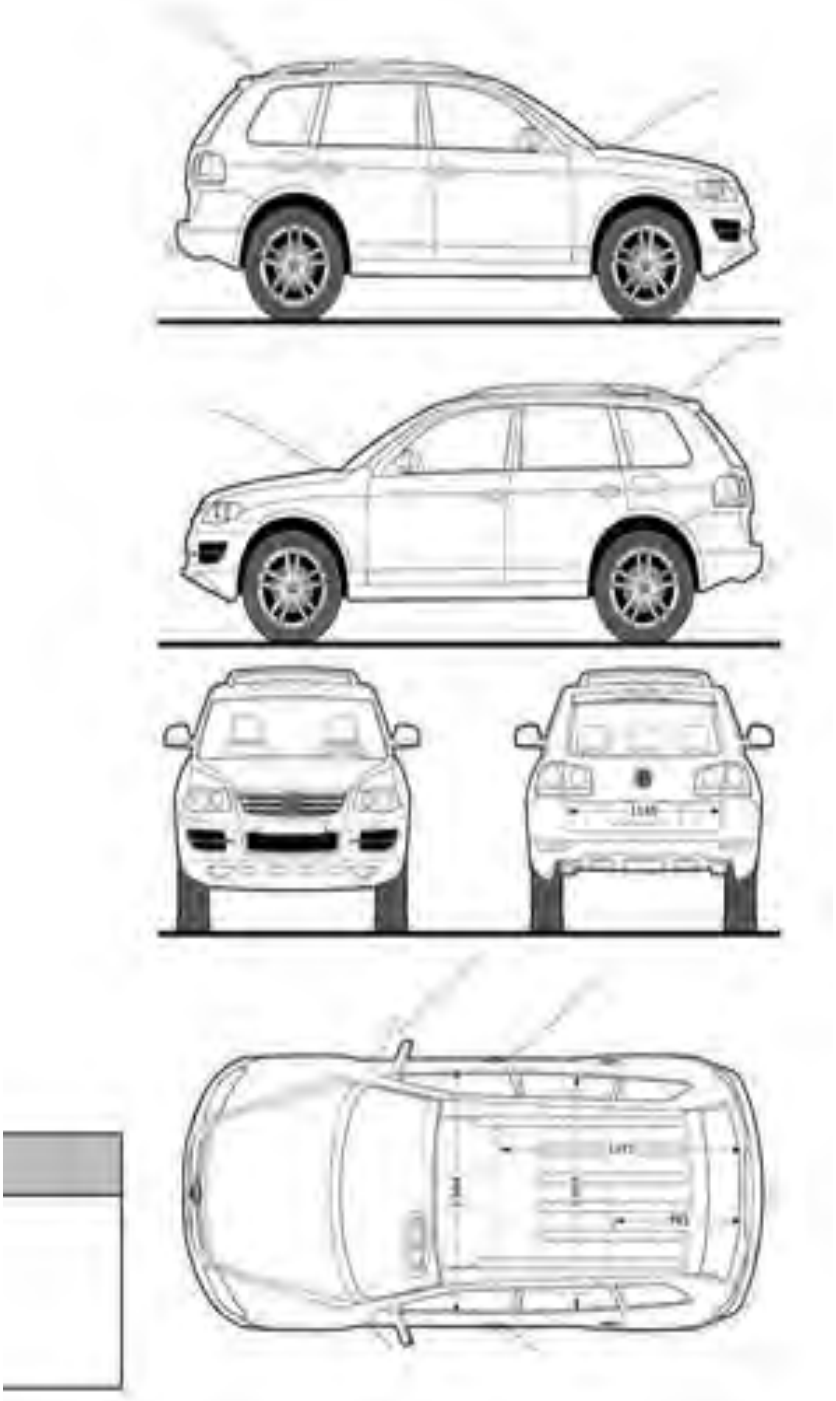
Lights:

Bumpers:

Tires/Wheels:

Body:

DAMAGE TO OTHER VEHICLE



Date ___/___/_____

Windows:

Lights:

Bumpers:

Tires/Wheels:

Body:

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___ zip _____

Was the Police called? YES / NO
Police Report #_____ Officer's Name_____
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'c 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
		☐
		☐
		☐
		☐
		☐

Were CSC Individuals in the Vehicle Checked by the Doctor? ☐ Yes/No

Supervisor's Signatures _____ Date_____