

Vehicle Accident Action Plan & Reporting Procedure

If You Are Involved in An Incident follow these instructions:

1. **Stop at Once!** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of bystanders.
2. **If fire, smoke, or spilled fuel is present**, evacuate vehicle occupants to safe location. Send for fire department. Do not leave the scene.
3. **Protect the scene.** Set emergency warning devices (reflective triangles) to prevent further injury or damage. Secure your vehicle and its contents from theft.
4. **Secure Assistance**, call police. Record names, case number and badge numbers.
5. **Record names, addresses and phone numbers** of all witnesses, driver(s) and their passengers. Record vehicle license plate.
6. **Do not argue!** Make no statement except to the proper authorities. Sign only official police reports. Do not make statements regarding the operating condition of your vehicle and do not admit fault. If you receive a ticket for causing the accident, accept it courteously, but say nothing about whose fault the accident was. Fault will be determined at a later time.
7. **Report the incident to your supervisor/ office IMMEDIATELY** after first aid has been given, authorities have been notified, the scene has been protected and you can do so. **If a tow is required use the Efleets App or call 1-800-325-8838 for Enterprise Fleet Roadside assistance. You must remain with the vehicle until it has been towed.**
8. **Complete the on the spot vehicle accident report & First Report of Injury/Accident/Incident form** at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s). Turn these forms into the shop ASAP to document and file insurance claim.
9. **Take pictures** of all vehicles involved if you are able.
10. **If you strike an unattended vehicle** and cannot locate the owner, leave a note with your name and the company's address and phone number, get the vehicle description, VIN number and license plate number. Use form provided.

NEI Electric First Report of Injury / Accident / Incident

NEI Electric MN NEI Electric WI-SCF NEI Electric WI-EC

Employee Name: _____ Job Title: _____

Date of injury; accident or incident: _____

Time of injury; accident or incident _____ am, pm

Jobsite Name/Address: _____ Jobsite Foreman: _____

Time employee began work on date of incident ____ am, pm

Names of Crew (and others on jobsite) that witnessed or were involved in the injury; accident or incident: _

What Job was being performed at the time of injury; accident or incident? (Describe in detail; what objects, circumstances, or persons caused the incident or contributed to the incident?):

What was the injury; accident or incident? (Describe in detail, identify which hand, right or left, which finger, etc.)

What tools, equipment, machines, objects, or substances were involved? _____

Has similar injury; accident or incident happened before? yes, (if yes describe) no

Due to unsafe conditions, should employee(s) be removed from jobsite? yes, no

What measures should be taken to avoid a re-occurrence?

Have the details of incident been discussed with the shop? yes, no

Who was notified _____ Date _____ Time _____

Injury Information

Name of Treating Physician/Clinic: _____

Time Injured Left Jobsite: _____ am, pm Transported by: _____

Check Here if **NO** Medical attention was required.

Give any other information you think is important to this claim:

Form information completed by: _____ Date completed: _____

All claims are to be reported to the office immediately. This form is to be filled out by each person involved and returned to the office within 24 hours. Please call the office if you have a question.

On the spot vehicle accident report - Vehicle #:

INJURIES — Describe nature of any apparent injuries:

Driver: Injury _____	Other Passenger, Pedestrian: Name _____ Address _____ Injury _____ Name _____ Address _____ Injury _____ Where taken after accident _____
Passenger: Name _____ Address _____ Injury _____	
Other Driver: Name _____ Address _____ Injury _____	

POLICE OFFICER ASSISTING

Name _____ Police report made? Yes No
 Headquarters _____ Badge No. _____ Citations issued: _____

PROPERTY DAMAGE — Describe nature of damage:

Your Vehicle _____ _____ _____ Property other than Vehicles _____ _____ _____ Owner _____ Phone () _____	Other Vehicle _____ _____ _____ Owner _____ Phone () _____ Driver _____ Phone () _____ Vehicle Make _____ License No. _____ Insurance Company _____
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WITNESSES

Name _____ Phone () _____ Address _____	Name _____ Phone () _____ Address _____
Name _____ Phone () _____ Address _____	Name _____ Phone () _____ Address _____

**"ON THE SPOT"
ACCIDENT REPORT**

My Name _____ Age _____
 Driver's License _____ State _____
 Employee No. _____
My Vehicle _____ (Year) _____ (Make) _____
 _____ (Unit No.) _____ (License No.) _____ (State) _____
 _____ (Unit No.) _____ (License No.) _____ (State) _____
 Company Owned Owner Operator
 Home Base _____
 Job Title _____
 Business Use Personal Use
INSURANCE IDENTIFICATION
 Policy Number _____
 Insured's Name _____
 Emergency Phone No. () _____
 Your Agent: _____

On the spot vehicle accident report - Vehicle #:

ACCIDENT INFORMATION

Date _____ Time _____ A.M. Daylight
 P.M. Dark

LOCATION:

Name of Street or Highway Number _____ (Closest Intersection or Landmark) _____

City, Town, County _____ (State) _____

WEATHER:

- Clear Raining Snowing Fog
 Sleetng Dust/Smoke/Fog High Wind Other _____

AREA:

- Residential Commercial Rural Other _____

PAVEMENT

- Asphalt Concrete Gravel/Dirt Brick/Stone
 Steel Wood Other _____

CONDITION

- Dry Wet Slippery Pot Holes
 Other _____

DIRECTION:

	N	E	S	W	Other
Yours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

SPEED:

Posted _____ Actual when danger noticed _____
 Yours _____
 Other _____

TRAFFIC CONTROL:

- Stop sign:
 1 Way 2 Way
 3 Way 4 Way
 Yield Semaphore
 Police/Flag Person Railroad
 Uncont. Intersection Not an Intersection.

SEAT BELT:

Used Not Used

AIR BAG INFLATED:

Yes No

ACCIDENT DESCRIPTION

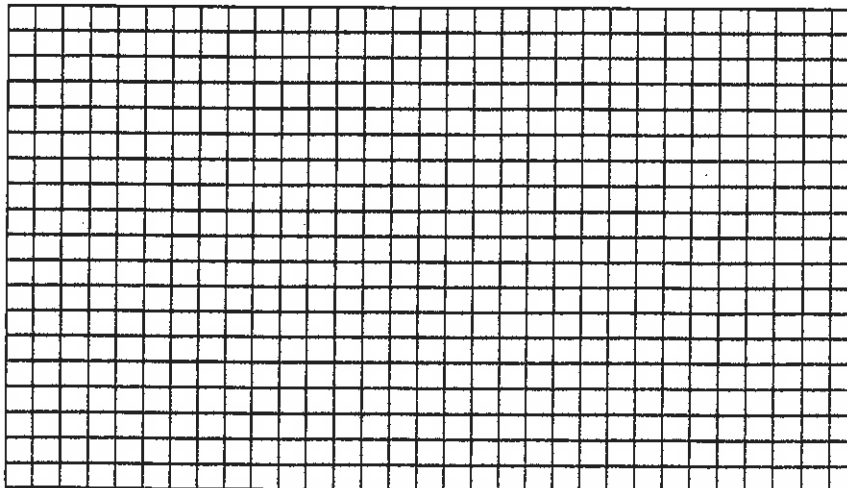
Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line.

SYMBOLS:

- Your Vehicle 1
 Other Vehicle: 2
 3
 Pedestrian
 Stop Sign
 Semaphore
 Yield
 Railroad
 Point of Impact



Indicate direction _____

 At what distance did you notice danger?
 _____ feet



Unattended Vehicle Struck

Information to take back to the office

Date _____

Driver Name _____

Company Vehicle # _____

Struck Vehicle Make _____

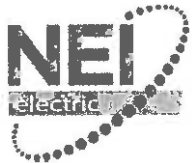
Model _____

VIN _____

Plate # _____

Description of damage _____

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Unattended Vehicle Struck

Information to leave with struck vehicle

Date _____

Driver Name _____

Company Vehicle # _____

Description of damage _____

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715.483.3854

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