



**VEHICLE
ACCIDENT
REPORTING
KIT**

**SAFE DRIVING IS A
FULL TIME JOB!**

**SUBMIT ACCIDENT / CLAIM
INFORMATION WITHIN 24 HRS* TO:
fairaclaimsreporting@networkadjusters.com**

OR CALL OUR DEDICATED HOTLINES:

720-399-4400 (business hours)

209-747-6769 (after hours #1)

415-205-8648 (after hours #2)



PROVIDENT | FIREplus
An ALTERIS • PROVIDENT Insurance Program

**This kit should be carried in vehicle at all times.
REQUEST NEW PACKET AFTER USE.**

• SEE REVERSE •

***Immediately report accidents involving a fatality or serious injuries**

IMPORTANT READ THIS!

If you are involved in an Accident...

1. Stop immediately, avoid obstructing traffic if possible. Put out emergency flares. Warn oncoming traffic **UNLESS PERSONAL SAFETY IS JEOPARDIZED**.
2. Aid the injured.
3. **ALWAYS** notify law enforcement; obtain a police report, no matter how minor you believe the incident to be.
4. Notify your supervisor immediately.
5. Get witnesses. Pass out Witness Courtesy Cards found inside this envelope & collect upon completion.
6. Do not discuss the accident with anyone except law enforcement, your employer, FAIRA or Claims Management, and only after each has presented proper identification. Sign no papers except from one of the above.
7. **NEVER** admit liability or agree to pay for damages.
8. Be courteous at scene of accident, do not argue. Show your driver's license willingly.
9. Submit this **COMPLETED** form your supervisor/employer immediately after return.
10. Take photographs of all vehicles, damaged property, drivers and passengers.



DRIVER'S REPORT OF ACCIDENT

DRIVER:

Always request a police report
Complete both sides of this form
Submit to FirePlus immediately

FIREPLUS

fairaclaimsreporting@networkadjusters.com
720-399-4400 (business hours)
209-747-6769 (after hours #1)
415-205-6848 (after hours #2)

DISTRICT NAME: _____

DISTRICT ADDRESS: _____

CONTACT PHONE #: _____

Date of Accident: _____
Time: _____ am/pm Day of Week: _____
Location of Accident: _____
Road Conditions: _____
Your Direction: _____
Speed: _____
Direction of Other Car: _____
Speed: _____
Police Report Taken?: _____ Report#: _____
If not, why?: _____
Police Department Name: _____
Police Officer's Name: _____
Badge #: _____
Was Summons Issued?: _____ To Whom? _____

INJURED PERSONS

1. Name: _____
Address: _____
Nature & Extend of Injury: _____
(If none noted or expressed, so state below)

2. Name: _____
Address: _____
Nature & Extend of Injury: _____
(If none noted or expressed, so state below)

OTHER VEHICLE (Vehicle "A")

Driver Phone: _____
DL #: _____ Type: _____ State: _____
DL Expiration Date: _____
Address: _____
Make: _____ Model: _____ Year: _____
Vehicle ID Number (VIN): _____
License Plate Number: _____
Owner's Name: _____
Owner's Address: _____
Insurance Co.: _____
Damaged Part(s) of Car: _____

OTHER VEHICLE (Vehicle "B")

Driver Phone: _____
DL #: _____ Type: _____ State: _____
DL Expiration Date: _____
Address: _____
Make: _____ Model: _____ Year: _____
Vehicle ID Number (VIN): _____
License Plate Number: _____
Owner's Name: _____
Owner's Address: _____
Insurance Co.: _____
Damaged Part(s) of Car: _____

OTHER VEHICLE (Vehicle "C")

Driver Phone: _____
DL #: _____ Type: _____ State: _____
DL Expiration Date: _____
Address: _____
Make: _____ Model: _____ Year: _____
Vehicle ID Number (VIN): _____
License Plate Number: _____
Owner's Name: _____
Owner's Address: _____
Insurance Co.: _____
Damaged Part(s) of Car: _____

List Other Occupants of Vehicles

(Indicate which vehicle each person occupied and where seated)



UNATTENDED VEHICLE PROPERTY ACCIDENT NOTIFICATION

Date of Accident: _____ Time: _____

Address/Location of Accident: _____

Unattended Vehicle License # _____

Make, Model, Year: _____

Damaged Part(s) of vehicle or property: _____

District Name/Address: _____

District Driver: _____

Telephone: _____

District Vehicle License #: _____

District Vehicle Make, Model, Year: _____

WITNESS COURTESY CARD

Please Print Your:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Business Phone Number: _____

Date: _____ Time: _____

Did you see the accident happen? _____

Remarks: _____

Use reverse side if necessary



INSURANCE IDENTIFICATION CARD

The owner of this vehicle participates in a pooled public entity liability coverage program through:

**The Fire Agencies Insurance Risk Authority
(FAIRA)**

1255 Battery Street, #450
San Francisco, CA 94111

As authorized by Section 16020 (b)(4) of the California Vehicle Code