



In Case of Accident

Call 888-816-2227

Trucker's 24-Hour Toll Free Hotline

IN CASE OF A MOTOR VEHICLE ACCIDENT

Please keep this brochure in your glove compartment

www.fmccrrg.com

Here's What to Do:

1. Take precautions necessary to protect the scene of the accident from further accidents
2. Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.
3. Answer police questions. Give identifying information to the other party involved, but make no comments about assuming responsibility.
4. Complete the DRIVER'S REPORT OF ACCIDENT FORM IN THIS ENVELOPE. You will need this information later for state and insurance reports.
5. As soon as possible, report the accident to the proper authorities and call our Claims Department: 888-816-2227

Don't forget to contact your Insurance Agent

Federal Motor Carriers Risk Retention Group, Inc.
19 North Brigde Ave
P. O. Box 460
Reb Bank, NJ 07701
Claim Reporting: 888-816-2227
Claim Fax: 402-397-1920

I. GET NAMES & LICENSE NUMBERS

YOUR INFORMATION (VEHICLE NO. 1)

Your full name:		Your age:	Your sex: [] male [] female
Your full address:			
Your phone (day):	Your phone (evening):	Your driver's license no.:	
Your e-mail address:			
License number:		Year:	State:
Vehicle owner:		Year and make of vehicle:	
Vehicle owner's full address:			
Vehicle owner's phone (day):	Vehicle owner's phone (evening):		
Insurance company,:			
Policy number:		Insurance term:	

OTHER VEHICLE (NO. 2)

Driver's full name:		Age:	Sex: [] male [] female
Full address:			
Phone (day):	Phone (evening):	Driver's license no.:	
E-mail address:			
License number:		Year:	State:
Vehicle owner:		Year and make of vehicle:	
Vehicle owner's full address:			
Vehicle owner's phone (day):	Vehicle owner's phone (evening):		
Insurance company:			
Policy number:		Insurance term:	

ADDITIONAL VEHICLES (USE PAGE 6)

II. GET NAMES OF WITNESSES

WITNESS 1

Full name:		Age:	Sex: [] male [] female
Full address:			
Phone (day):	Phone (evening):		
E-mail address:			

WITNESS 2

Full name:		Age:	Sex: [] male [] female
Full address:			
Phone (day):	Phone (evening):		
E-mail address:			

OTHER WITNESSES (USE PAGE 6)

POLICE

Officer's name:	Badge number:
Station:	
Phone:	Report number:

III. GET NAMES OF ALL OCCUPANTS

CAR OCCUPANT 1

Car number:	Injured: [] Yes [] No	
Full name:	Age:	Sex: [] male [] female
Full address:		
Phone (day):	Phone (evening):	
E-mail address:	Taken to:	

III. GET NAMES OF ALL OCCUPANTS (CONTINUED)

CAR OCCUPANT 2

Car number:		Injured: [] Yes [] No	
Full name:		Age:	Sex: [] male [] female
Full address:			
Phone (day):	Phone (evening):		
E-mail address:		Taken to:	

ADDITIONAL CAR OCCUPANTS (USE PAGE 6)

IV. GET THE DETAILS

DETAILS

Date:	Time: [] AM [] PM	State:
Location:		
Streets:		
Your speed (in mph):	Other vehicle speed (in mph):	

VEHICLE DAMAGE

Yours:
Other:

DESCRIBE WHAT HAPPENED (USE PAGE 6 FOR MORE ROOM)

CITATION (TICKET) GIVEN TO YOU? [] Yes [] No	CITATION (TICKET) GIVEN TO OTHER DRIVER? [] Yes [] No
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IV. GET THE DETAILS (CONTINUED)

ROAD CHARACTER(Check two)

- Straight road
- Curve
- Level
- On grade
- Hillcrest

ROAD SURFACE (Check one)

- Dry
- Wet
- Muddy
- Snowy
- Icy

ROAD DEFFECTS (Check one or more)

- Defective shoulders
- Holes, deep ruts, bumps
- Loose materials on surface
- Other (please specify):

- No defects

TRAFFIC CONTROL (Check one or more)

- Stop sign
- Stop-and-go signal
- Officer or flagman
- Other (please specify):

- No traffic control present

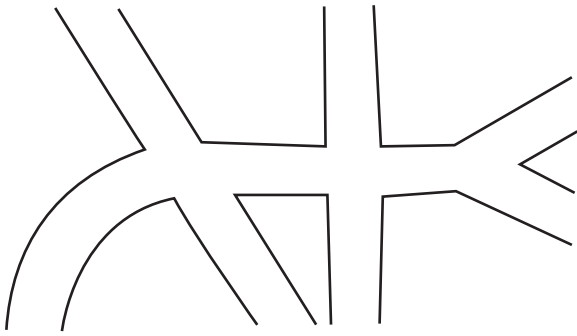
LIGHT (Check one)

- Daylight
- Dusk
- Dawn
- Darkness – street lighted
- Darkness – street not lighted

WEATHER (Check one)

- Clear
- Raining
- Snowing
- Fog
- Other (please specify):

V. DRAW A SKETCH



Show names of highways, points of compass (N,E, S, W) and direction of vehicles involved.

Designate your car thus: →

Other vehicle: →

VI. ADDITIONAL INFORMATION