The Difference is Service®

## POST-ACCIDENT CHECKLIST

SECURE TH	ES	CENE	
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STOP. Turn on your emergency flashers, and shut down your vehicle.
 DO NOT move your vehicle until the law enforcement instruct you to do so.
Set out warning devices and protect the scene. Assist the injured, but do not move anyone wait for medical assistance.

## **NOTIFY THE AUTHORITIES**

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Call	the police and request medical assistance, if needed.
$\Box$	your company and Great West to report the accident (details on back regarding what rmation may be collected).
$\subseteq$	operate with the law enforcement by providing information as required by law (with no nission of fault or apology).

## **REVIEW POST-ACCIDENT TESTING REQUIREMENTS**

According to FMCSA 49 CFR §382.303, after an accident, each employer shall test each surviving driver for alcohol and controlled substances when the following apply:

TYPE OF ACCIDENT	CITATION ISSUED TO CMV DRIVER	TEST MUST BE GIVEN BY EMPLOYER
I. Human Fatality	Yes No	Yes Yes
II. Bodily injury with immediate medical treatment away from scene	Yes No	Yes No
III. Damage to any motor vehicle that requires a tow away	Yes No	Yes No

## DOCUMENT THE ACCIDENT Give your name, address, company name and address, vehicle license number, operator's license, and insurance information to the police and other party involved. Secure this information from the other party as well. Don't sign anything or make any statements except to the police, your company, or Great West. Secure your vehicle from theft and further damage. Remain at the scene until all requirements are met. Secure logs, shipping documents, and bills of lading. Take pictures of the general scene and vehicles, including: The roadway from all angles, from the proper perspective, including any skid marks. The license plates of witnesses that are present. Vehicles and cargo involved in the crash from varying distances. Any traffic signals or signs applicable to the crash scene. **TOW COMPANY:** Contact: Phone Number: **Location of Equipment:** WHEN CALLING GREAT WEST, YOU MAY BE ASKED ABOUT **CLAIM-RELATED DETAILS, SUCH AS:** Great West policy number (located on cab card) Motor carrier/driver/equipment information (contact info, make, model, year, VIN) Injured party information (name, address, phone number, types of injuries) Property damage information (description, owner, contact info, types of damage) Witness information (name, address, phone number) Other motorist information (contact info, driver license info, insurance info) Brand and model information of any dash cams or on-board recorders **GREAT WEST ACCIDENT REPORT NUMBER:**

**POLICE REPORT NUMBER:**