

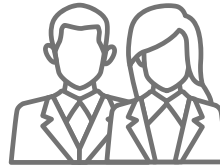
## IF YOU HAVE AN ACCIDENT

### DO:

- Call 911 immediately if injuries are involved and request medical assistance
- If accident occurs on campus grounds, call Campus Police at (562) 985-4101
- Notify your manager/supervisor immediately
- Obtain the other driver's license number, insurance information from their Insurance Verification card and a description of the vehicle from their registration card.
- Complete Accident Investigation Card and give it to the other driver (*NOTE: This only applies when driving the company's van/cart's*)
- If safe and if other party agrees take pictures of damaged portions of all vehicles.

### DO NOT:

- Admit any responsibility or make any statements about the accident to anyone other than:
  - Police Officer
  - Your Manager/Supervisor
  - Risk Management Department



***Please remember that you are an employee of the Beach Shops and need to act professionally at all times.***



Employee shall complete all applicable sections of this form. In case of driver injury, the manager/supervisor shall complete this form. ***Submit this form to your supervisor the same day but no later than the next business day after the accident. Please submit this to Human Resources.***



**Manager/Supervisor:** In case of a driver injury please make sure we follow Workers Compensation checklist for proper documentation and procedures. Additionally, prepare a Accident Report within one (1) working day following the date of the accident and submit to the Human Resources/Risk Management Department.

ACCIDENT     DAMAGE/NOT ACCIDENT RELATED

Date of Occurrence : \_\_\_\_\_ Time : \_\_\_\_\_ AM/PM

Location : \_\_\_\_\_

## VEHICLE TYPE

PERSONAL     COMPANY VAN     CARTS     FORKLIFT

Vehicle (Year, Make, Body Style) : \_\_\_\_\_

Driver's License No. : \_\_\_\_\_ Vehicle No. : \_\_\_\_\_

Department : \_\_\_\_\_ Job Title : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Description of Damage:

Number of Passengers : \_\_\_\_\_

THE FOLLOWING SECTIONS ARE TO BE COMPLETED ONLY FOR ACCIDENTS

**OTHER VEHICLE**

Driver's Full Name : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Number of Passengers : \_\_\_\_\_

Driver's License No. : \_\_\_\_\_ State : \_\_\_\_\_

Vehicle (Year, Make, Body Style) : \_\_\_\_\_

Vehicle License Plate Number : \_\_\_\_\_ State : \_\_\_\_\_

Insurance Company : \_\_\_\_\_ Policy Number : \_\_\_\_\_

Description of Damage:

**LAW ENFORCEMENT**

Name : \_\_\_\_\_ Badge Number : \_\_\_\_\_ Agency : \_\_\_\_\_

Report Number : \_\_\_\_\_

Did you receive a ticket ? :  YES  NO  DID NOT RESPOND TO INCIDENT

**INJURED PERSONS**

Name: \_\_\_\_\_ Address : \_\_\_\_\_ Telephone : \_\_\_\_\_

Nature and Extent : \_\_\_\_\_

Name: \_\_\_\_\_ Address : \_\_\_\_\_ Telephone : \_\_\_\_\_

Nature and Extent : \_\_\_\_\_

**WITNESSES**  N/A (NO WITNESSES)

Name: \_\_\_\_\_ Address : \_\_\_\_\_ Telephone : \_\_\_\_\_

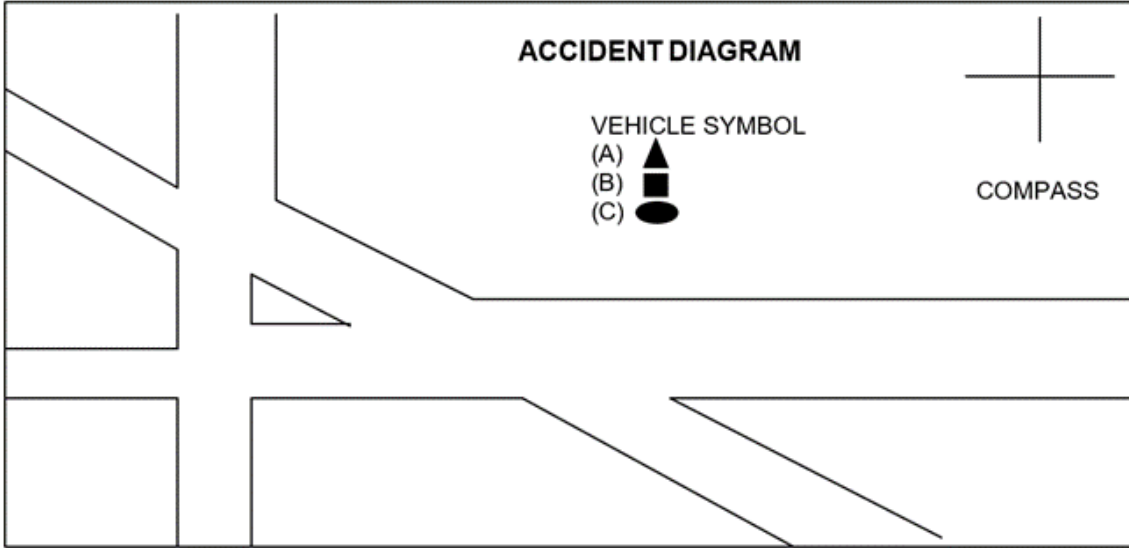
Witness Statement :

Name: \_\_\_\_\_ Address : \_\_\_\_\_ Telephone : \_\_\_\_\_

Witness Statement :

# INSTRUCTIONS FOR FILLING OUT ACCIDENT DIAGRAM

- Indicate compass direction on diagram
- Name streets or roads and (if any) railroad tracks
- Indicate direction and position of each vehicle involved in the accident
- The letter (A) is designated to Beach Shops vehicle and (B), (C), etc., for other vehicle(s)



**Purpose of Travel :** \_\_\_\_\_

**Road Type :**  RESIDENTIAL  BUSINESS/COMMERCIAL  FREEWAY/HIGHWAY  ALLEY  PARKING LOT  RURAL ROAD

**Description of Incident:**

**Weather Conditions :**  CLEAR  OVERCAST/FOGGY  LIGHT RAIN  MEDIUM RAIN  HEAVY RAIN  STANDING WATER

**Were seatbelts being worn? :**  YES  NO

## SIGNATURES

*EMPLOYEE: By signing this document you are confirming that the information provided is accurate and complete.*

**Name (print) :** \_\_\_\_\_

**Employee's/Driver's Signature :** \_\_\_\_\_ **Date (mm-dd-yyyy) :** \_\_\_\_\_

*MANAGER/SUPERVISOR: By signing this document, you are confirming that you have reviewed the information on this form with the employee for thoroughness and accuracy.*

**Name (print) :** \_\_\_\_\_

**Employee's/Driver's Signature :** \_\_\_\_\_ **Date (mm-dd-yyyy) :** \_\_\_\_\_

## HUMAN RESOURCES/RISK MANAGEMENT ONLY

**Risk Management Comments :**

**Training Recommended :**  YES  NO

**Sent to CSURMA AORMA :**  YES  NO

**Human Resources Representative Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_