



# Driver's Accident Report Form

## IN THE EVENT OF AN ACCIDENT DURING NORMAL BUSINESS HOURS INVOLVING FNA OWNED VEHICLES OR PERSONAL VEHICLES INCIDENTALLY DRIVEN ON FNA BUSINESS

**Driver – Notify your supervisor and FNA Human Resources immediately (452-1648),** Complete all items to the best of your ability, sign and date page 3, and give it to your supervisor within 24 hours unless injuries prevent this. Contact Medcor @ 1-800-553-8041 regardless if you are seeking medical treatment or not. **IN THE EVENT YOU ARE INJURED IMMEDIATELY SEEK MEDICAL TREATMENT BEFORE ANYTHING ELSE.**

**Supervisor –** Call AAT (907)451-3784 for mandatory drug and alcohol screening. In the event the accident occurred after hours and AAT is closed, then send the driver to Concentra Urgent Care for a **POST-ACCIDENT** drug and alcohol screening, if after 8pm m-f; schedule the drug screen & Alcohol test for the next business day.

**Note: FNA POLICY I-18 “VEHICLE ACCIDENTS WHILE ON FNA BUSINESS” is located on page 4 of this document for reference**

### Driver/Vehicle Information

Name of Driver (first and last)		Driver's Age	Driver License No.	State
Driver's Address – Street		City	State	Zip
		Telephone No. ( )		
Name of Nonprofit / Employer			ANI/NIAC Policy Number	
Nonprofit/Employer Contact Name		Contact Email Address		
Nonprofit / Employer Address – Street		City	State	Zip
		Telephone No. ( )		
Make of Nonprofit's Vehicle	Body Type	Year	License Plate #	V.I.N. (last four digits)
Damage to Nonprofit's Vehicle:				

### Accident Information

Date of Accident	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Accident AM / PM	Location - Street or Highway & City	
On what street were you driving?			Direction (circle one) N S E W	Speed (approximate)
On what street was other vehicle driving?			Direction (circle one) N S E W	Speed (approximate)
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of reporting officer	Agency	Citation/Report #	
Witness #1 Name (first and last)		Telephone No. ( )	Email Address	
Witness #2 Name (first and last)		Telephone No. ( )	Email Address	
Description of Accident (include weather and road conditions):				

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the accident)

**Passenger(s) in Your Vehicle** *(attached additional pages if needed)*

Name (first and last)	Telephone No. (    )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. (    )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. (    )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of doctor or hospital			

**Other Vehicle Involved**

Name of Driver (first and last)		Driver License No.	State
Address - Street	City/State/Zip	Telephone No. (    )	Email Address
Name of Vehicle Owner (if different than above)		Telephone No. (    )	Email Address
Name of Insurance Company	Policy #	Telephone No. (    )	
Year/Make of Vehicle	Body Type	License Plate No.	State
Damage to Vehicle:			
Passenger's Name (first and last)	Telephone No. (    )	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. (    )	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

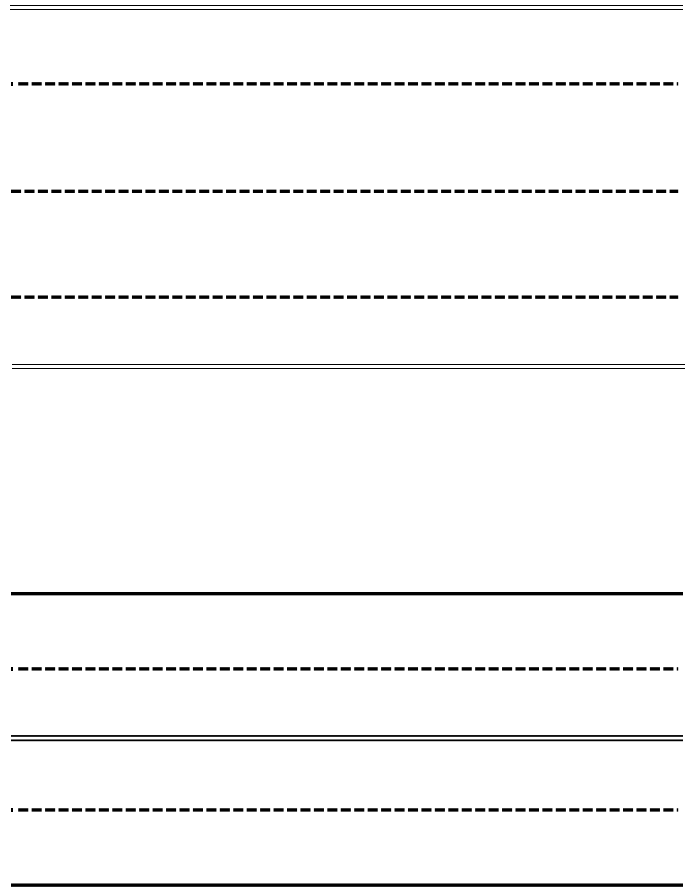
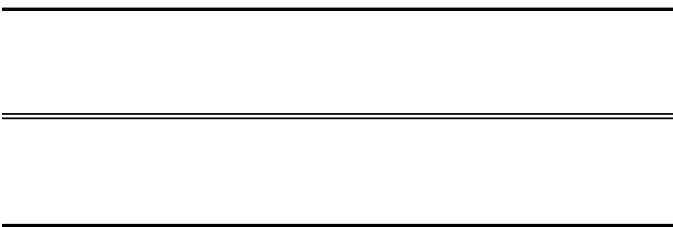
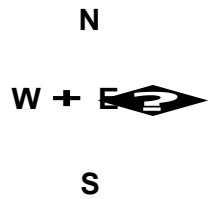
**Other Vehicle Involved** *(if any)*

Name of Driver (first and last)		Driver License No.	State
Address - Street	City/State/Zip	Telephone No. (    )	Email Address
Name of Vehicle Owner (if different than above)		Telephone No. (    )	Email Address
Name of Insurance Company	Policy #	Telephone No. (    )	
Year/Make of Vehicle	Body Type	License Plate No.	State
Damage to Vehicle:			
Passenger's Name (first and last)	Telephone No. (    )	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. (    )	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

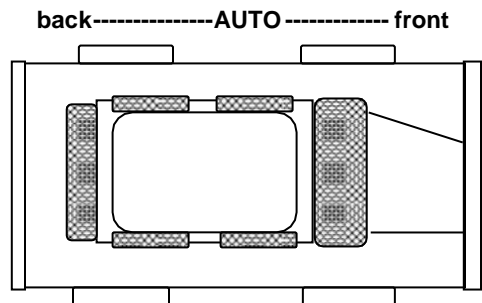
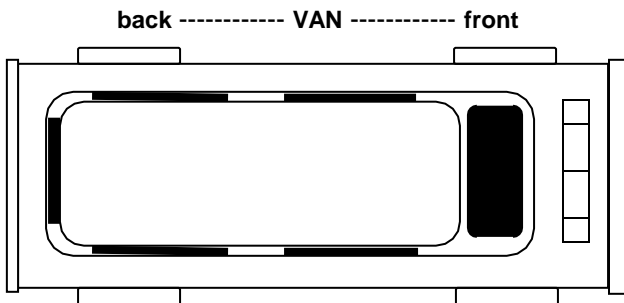
**On the diagrams below, please draw the accident.**  
 (Be sure to include any stop signs or traffic signals.)

**Legend:**

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle
- V 3 ▶ Other Vehicle (if any)



**On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.**



\_\_\_\_\_  
 SIGNATURE OF DRIVER

\_\_\_\_\_  
 DATE