


SAFETY IS NO ACCIDENT BUT IN CASE OF AN ACCIDENT USE ENCLOSED FORMS TO RECORD “ON THE SCENE” INFORMATION

What To Do In Case Of An Accident

1. When conditions and/or regulations permit, move onto shoulder or side of roadway to prevent further damage or hazards. Place warning signals promptly.
2. Ask someone to summon police and medical assistance if anyone is injured. Repeat after 5 minutes.
3. Keep calm. Be courteous. Don't argue. Make no statement concerning the accident to anyone except a police officer. Get his name and badge number. Make no settlement.
4. Complete this report on the scene. Fill in all information.
5. Obtain the names and addresses of witnesses. Ask witnesses to complete and sign the enclosed Witness Cards.
6. Obtain the names and addresses of all persons injured regardless of how minor the injury. Try to learn where injured are treated.
7. Do not administer First Aid unless qualified to do so.
8. Before leaving the accident scene, check to see that you have all the facts.
9. Report as soon as possible to your supervisor.



Contact your company claims person or
Report to the PestSure Dedicated Claims Unit at
1-800-708-4277 or
email completed accident form to
PestSureClaims@sedgwick.com
Questions or problems call
1-800-708-4277
And speak to a claims representative

WITNESSES

Name _____

Address _____

City _____ State _____

Cell Number _____

Work Number _____

Name _____

Address _____

City _____ State _____

Cell Number _____

Work Number _____

Name _____

Address _____

City _____ State _____

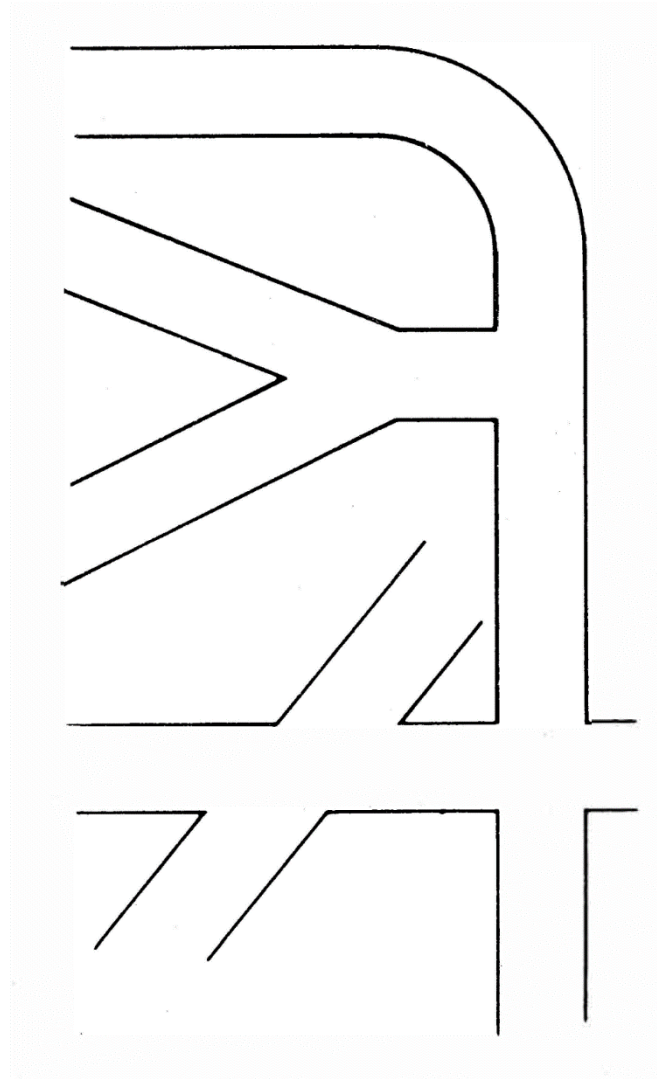
Cell Number _____

Work Number _____

Additional Notes: _____

DIAGRAM OF ACCIDENT

- Show names of streets and direction in which vehicles were going
- Indicate North, South, East and West
- Show position of vehicles
- Take pictures of all vehicles and accident scene



DAMAGE TO OUR PROPERTY

Our Driver

Name _____

Address _____

City _____ State _____

Cell Number _____

Email Address _____

Driver's License # _____

Exp. _____ Date of Birth _____

Supervisor Name _____

OWNER OF OUR VEHICLE

Name _____

Branch _____

City _____ State _____

License Plate Number _____

Make _____

Model _____ Year _____

Describe Damage to Our Vehicle or Property: _____

THE ACCIDENT

Date _____ Time (AM/PM) _____

Location (City, Street, Route, State)

Weather _____

Condition of Roadway _____

Police Officer _____

Badge Number _____

Authority _____

Telephone Number _____

Police Report Number _____

Describe How Accident Occurred

DAMAGE TO OTHER VEHICLE

Other Driver's Information

Name _____

Address _____

City _____ State _____

Cell Number _____

Driver's License Number and State

Expiration Date _____

Owner of Other Vehicle

Name _____

City _____ State _____

License Plate Number _____

Make _____

Model _____ Year _____

Name of Other Insurance Co.

Policy Number _____

Address _____

Telephone Number _____

Describe Damage to Other Vehicle

PERSONS INJURED

Name _____

Address _____

City _____ State _____

Cell Number _____

Name _____

Address _____

City _____ State _____

Cell Number _____

Name _____

Address _____

City _____ State _____

Cell Number _____

PASSENGERS IN OTHER VEHICLE

Name _____

Address _____

City _____ State _____

Cell Number _____

Name _____

Address _____

City _____ State _____

Cell Number _____

TO PASSENGERS AND OTHERS

My employer requires that I report the details of all accidents. If you were a passenger or witnessed this one, please assist me by writing your name and address below.

Accident Data: Date _____ Time _____ A.M. _____ P.M.

Your Name _____

Home Address _____

City _____ State _____ Tel.No. _____

WERE YOU A PASSENGER IN THE VEHICLE? _____

Your Courtesy Is Appreciated Both By Management and Driver