

NVP ACCIDENT CHECKLIST AND REPORT FORM

Please complete this form at the scene of any accident and follow the checklist below.
(If needed continue on another sheet of paper.)

If you or anyone else on the ride has a camera, TAKE PHOTOGRAPHS

Accident checklist: Please supply the names of the individuals who carried out each action.

- Call for doctor or ambulance _____
- Call police or fire department, if needed _____
- Send message by truck or car to appropriate authorities: Driver _____
 - License Plate # _____ State _____ Phone _____

Location of accident _____ **Time** _____

What happened immediately after the accident occurred? _____

Names and address of people involved, including witnesses

Name _____

Address _____

Phone _____

Details of Involvement _____

Name _____

Address _____

Phone _____

Details of Involvement _____

Name _____

Address _____

Phone _____

Details of Involvement _____

Name _____

Address _____

Phone _____

Details of Involvement _____

Motor vehicle(s) involved, if any:

Driver's Name _____

License # _____ State _____

Address _____

City/State/ZIP _____

Insurance Company / Policy Number _____

Driver's Name _____

License # _____ State _____

Address _____

City/State/ZIP _____

Insurance Company / Policy Number _____

Give a description of the accident _____

Draw what happened

Name of Ride _____

Leader _____ Signature _____ Date _____