Accident Response Checklist

Step-by-step procedures for responding to workplace and vehicle accidents.
Keep copies in all company vehicles, job sites, and posted at each work location.

Date of Incident: **Time of Incident:** **Report Completed By:**

Location / Address: **Weather / Road Conditions:**

1 Immediate Response — First 5 Minutes

■ SAFETY FIRST

Before doing anything else, ensure the safety of all persons at the scene. Do not move injured persons unless they are in immediate danger (fire, traffic, structural collapse).

- ■ **Assess the scene.** Ensure it is safe to approach. Activate hazard lights and set up warning devices.
- ■ **Call 911** if anyone is injured or there is significant property damage. Provide the exact location.
- ■ **Administer first aid** if trained and safe to do so. Do not move seriously injured persons.
- ■ **Secure the scene.** Set out cones, flares, or triangles. Redirect traffic if needed.
- ■ **Account for all personnel.** Verify headcount — employees, passengers, and bystanders.
- ■ **Notify your supervisor / dispatcher** immediately. Provide initial details of the incident.

2 Scene Documentation — Photograph Everything

■ IMPORTANT

Take photos BEFORE anything is moved or cleaned up. Use your phone's timestamp feature. More photos are always better — you cannot go back and re-photograph the scene later.

- ■ Wide-angle overview shots from all four directions (N, S, E, W)
- ■ All vehicle damage — close-up and from 10 feet away for each vehicle
- ■ License plates and VIN numbers of all vehicles involved
- ■ Skid marks, debris, fluid spills, and road / surface conditions
- ■ Traffic signals, signs, road markings, and intersection layout
- ■ Weather conditions and visibility (a horizon shot helps establish this)
- ■ Property damage — buildings, equipment, structures, fencing
- ■ Any injuries (with consent) — visible wounds, torn clothing
- ■ Surrounding area — nearby businesses, security cameras, witnesses

3 Information Exchange — Other Parties

Collect the following for **each** other party involved in the incident:

Other Driver Name: **Phone Number:**

Driver License Number / State: **License Plate / State:**

Insurance Company: **Policy Number:**

Vehicle Year / Make / Model: **Vehicle Color:**

Owner Name (if different from driver):

■ DO NOT ADMIT FAULT

Never say "I'm sorry" or "It was my fault." Cooperate with authorities and exchange information, but do not admit liability, speculate about causes, or sign any documents other than the police report. Let the investigation determine fault.

4 Witness Information

Record information for every witness at the scene, including bystanders, other motorists, and employees not directly involved. Witnesses often leave before authorities arrive.

Witness 1

Name: **Phone:** **Email:**

Brief description of what they observed:

Witness 2

Name: **Phone:** **Email:**

Brief description of what they observed:

Witness 3

Name: **Phone:** **Email:**

Brief description of what they observed:

5 Police / Authority Report

- ■ Police / fire / EMS were called and responded to the scene
- ■ A police report was filed for this incident
- ■ Citations or violations were issued (note to whom and for what below)

Responding Agency: **Officer Name / Badge Number:**

Report / Case Number: **Date Report Available:**

Citations Issued (to whom and for what violation):

6 Injury Details

- ■ All injured persons identified and accounted for
- ■ First aid administered at the scene (describe below)
- ■ EMS transported injured person(s) to medical facility
- ■ Injured employee(s) declined medical treatment (document refusal)

Injured Person 1

Name: **Employee / Third Party:** **Phone:**

Nature of Injury: **Medical Facility Transported To:**

Injured Person 2

Name: **Employee / Third Party:** **Phone:**

Nature of Injury: **Medical Facility Transported To:**

★ WORKERS' COMPENSATION

If any employee is injured, a workers' compensation claim may be required regardless of injury severity. Report all employee injuries to your insurance broker within 24 hours. Washington State requires filing within specific timeframes.

7 Company Notifications — Within 24 Hours

- ☐ **Supervisor / Manager notified:** Name: _____ Time: _____
- ☐ **Safety Director / HR notified:** Name: _____ Time: _____
- ☐ **Insurance broker notified:** First Underwriters — (425) 242-5357 Time: _____
- ☐ **Insurance carrier claim filed:** Claim #: _____ Date: _____
- ☐ **Workers' compensation claim initiated** (if employee injury)
- ☐ **OSHA notification completed** (if required — fatality or hospitalization of 3+ employees)
- ☐ **DOT recordable accident report filed** (if applicable to commercial vehicles)

✓ REPORT PROMPTLY

Late reporting is one of the most common reasons insurance claims are reduced or denied. Contact First Underwriters at (425) 242-5357 within 24 hours of any accident. We will guide you through the claims process and help protect your interests.

8 Vehicle / Fleet Accidents — Additional Steps

- ☐ Driver's license and CDL status verified (current and valid)
- ☐ Post-accident drug and alcohol testing initiated per company policy
- ☐ Vehicle removed from service and secured for inspection
- ☐ Dash cam / telematics data preserved and downloaded
- ☐ Driver's hours-of-service log reviewed and preserved (if CDL)
- ☐ Driver's daily vehicle inspection report (DVIR) secured
- ☐ Tow company information recorded (company, destination, contact)
- ☐ Cargo damage assessed and documented (if applicable)
- ☐ Load securement condition photographed (if applicable)

Company Vehicle Unit #: **VIN:**

Driver Name: **CDL # / State / Expiration:**

Post-Accident Drug/Alcohol Test Completed (Date / Time / Location):

9 Incident Narrative

Describe what happened in your own words. Include: what you were doing before the incident, what you saw and heard, the sequence of events, and what happened immediately after. Be factual — avoid speculation or assigning blame.

10 Follow-Up Actions — Within 48–72 Hours

- ■ Obtain copy of police report when available
- ■ Complete internal incident investigation report
- ■ Conduct root cause analysis with safety team
- ■ Implement corrective actions to prevent recurrence
- ■ Follow up on injured person(s) medical status
- ■ Preserve all evidence (photos, videos, documents, vehicle data)
- ■ Update safety training if incident reveals a gap
- ■ File all documentation in incident file (digital and physical copy)

Report Completed By (Print Name): **Title / Position:**

Signature: **Date:**

Supervisor Signature: **Date:**

EMERGENCY & REPORTING CONTACTS

Emergency Services 911	**First Underwriters Insurance** (425) 242-5357 www.firstunderwriters.com	**Company Safety Director** Name: _____ Phone: _____

This checklist is provided as a generic form courtesy of First Underwriters Insurance Brokers. It does not constitute legal advice. Consult with legal counsel regarding your specific obligations. Keep completed forms on file for a minimum of 6 years per Washington State retention guidelines.