

INJURED PERSONS

| Name | Address |
|------|---------|
| | |
| | |
| | |
| | |

WITNESSES

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

OFFICER AT SCENE

Name: _____ Badge No: _____

**IN CASE OF EMERGENCY AFTER HOURS
CALL 1-800-CEMSTONE**

- Keep a level head - do not argue or make any statement as to who is at fault.
- Do not give out any information except your name, name of the company and state registration number. Show your operator's license if requested.
- Do not leave the scene of the accident until justified in doing so. If possible, do not move your vehicle until the police arrive.
- Report all accidents to your supervisor, the safety director or dispatcher IMMEDIATELY!
- Fill out this report in detail.

CEMSTONE COMPANIES

Driver Report Vehicle or Property Damage Accident

Date _____ Time a.m. p.m. _____ Unit Number _____

Make and year of vehicle _____

Driver's Name _____ Plant _____

Location of accident (nearest streets - highways, towns, etc.) _____

Direction of travel () North () South () East () West

Speed _____ Road condition (hill, curve, etc.) _____ Weather condition _____

Damage to your vehicle _____

FILL IN OTHER PARTY INFORMATION

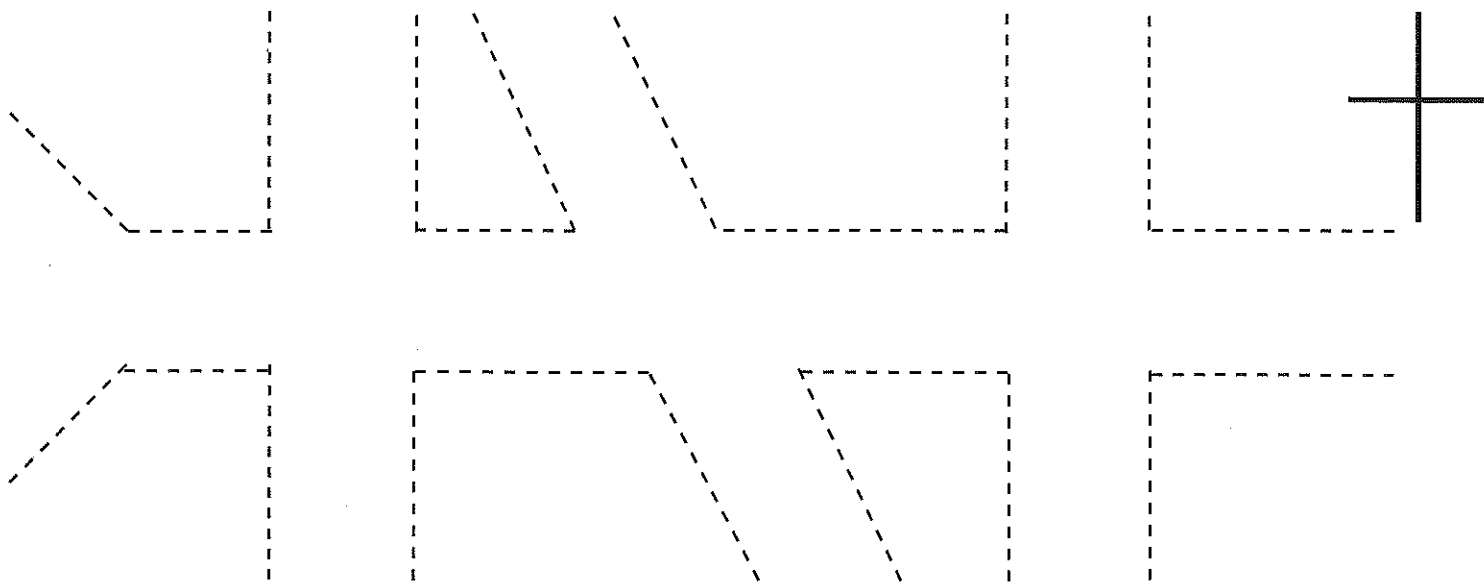
| | |
|---|---------------------|
| Owners name | Address |
| Drivers name | Address |
| Operators License No. and state | Names of passengers |
| Make and year | Model |
| Direction of travel () North () South () East () West | License No. |
| Speed | State |

Any violations? _____

Damage to vehicle/property _____

If more than one "other vehicle" is involved, record information on reverse side

On the diagram, indicate the position of vehicles before and after the accident. Show the names of the streets and highways. Indicate which direction is north.



Indicate vehicles as follows: Your Vehicle



Other vehicles:



Describe in your own words what happened.

Driver's signature _____