

DRIVER INCIDENT REPORTING KIT

Being involved in an incident or collision can be emotional and stressful

You can't turn back the clock. You must accept and deal with the situation but remember, everything you say and do can have an effect on the outcome.

Immediate reporting to your company or emergency services is crucial. Delays in reporting can cause increased damage and costs for bodily injury, environmental, theft losses and evidence.

It is important that all companies develop an incident reporting policy that incorporates the reporting requirements for all jurisdictions that you may be operating in. Be sure all staff are familiar with this policy and understand what is to be done in the event of an incident.

The vehicle equipment may need to be inspected by regulatory officials for compliance or a licenced mechanic for unseen damages after a collision. Be sure to follow your company's policy for Electronic Control Module (ECM) downloads or any other required checks prior to operating.

After the incident has been dealt with and you have been cleared to leave, be sure you are physically and mentally prepared to continue driving. Discuss this with your company contact and care givers to ensure everyone involved agrees that you are ready. The following risk tips can be used as a guide for what can be a very traumatic experience.

Top Ten Risk Tips: what to do at the scene of a vehicle incident

IT IS IMPORTANT NOT TO TAKE PHOTOGRAPHS OF ANY INJURED PARTIES UNDER ANY CIRCUMSTANCES.

- 1. Turn off engine and turn on four-way flashers, set out flares and/or reflectors.**
Secure your vehicle using warning devices if you can do so safely. Take precaution if setting off flares.
- 2. Remain at the scene and check for immediate dangers such as fuel spills or fires.**
Remain calm and focused at all times. Ensure your personal safety and the safety of others.
- 3. Call 9-1-1 immediately and advise of damages and injuries.**
Ensure that emergency responders have been notified. Check to see if you or anyone else has been injured. Ensure all injured parties are cared for and call an ambulance if necessary.
- 4. Collect as much information from the scene of the incident.**
Be prepared to provide a contact phone number, the location of the incident, a brief description of the incident, any spills, and related damages to all vehicles and cargo.
- 5. Contact your employer or the insurance company's toll free number to report the incident.**
Follow company policies and procedures for incident reporting and notify your company contact as soon as possible. If your contact cannot be reached, report the incident directly to the company's fleet insurance provider using their toll free number. Delays in reporting can cause increased damages and costs for bodily injury, environmental, theft losses and evidence.

6. Have witness cards and ask anyone who saw the incident or collision to fill them out. Witness cards are provided at the end of this Incident Reporting Kit.

Request witnesses to provide contact information and complete witness cards, but do not force them. Secure business cards from witnesses, if possible. If unsuccessful, taking a picture of their vehicle and licence plate can help authorities to locate them.

7. Complete as much of the incident report as possible at the scene.

Complete an Incident Reporting Kit including witness cards, with details on time, date, weather, third party drivers and passengers, third party vehicle information, road type, signs, geography, events leading up to the incident, emergency services and provide a detailed sketch.

8. If possible, take photos of the scene. Do not take photographs of any injured parties under any circumstances.

Include photos of vehicle and property damage, approaching the scene from all directions (if safe to do so), traffic devices, skid marks and anything that may be relevant. Keep a camera readily accessible in your vehicle or use your cell phone camera to take photos.

9. Do not discuss the incident with anyone except the police, your employer, or a representative of The Guarantee Company of North America.

Provide information for the incident report only. Exercise your right to silence. You should speak with your legal counsel ahead of time to be aware of the information you are required to (or not required to) provide at the scene of an investigation.

10. You are not required to give a statement to the police, but do cooperate with them.

The police are there to complete an incident report and investigate. In cases of serious injury, death, or multi-vehicle collisions, you should have legal counsel with you at the time of the police interview. Do not admit fault or liability to anyone.

THREE WAYS TO REPORT AN INCIDENT:

1. ONLINE



- Visit our Go-To Solution online portal to enroll as a new user and create your profile: theguaranteegotosolution.com
- Once your profile is created, a representative will contact you to confirm your account activation and answer any questions you may have.
- Use this portal to report both claim and non-claim incidents, create alerts, find a contractor, and get instant access to resources from our strategic partners.

2. MOBILE APP



- Once you have created your profile on theguaranteegotosolution.com, you can download the mobile app to get instant access to report an incident – in real time!
- Available in Google Play and Blackberry World app stores (iPhone app coming soon).

3. PHONE



- For urgent assistance, we offer 24-hour claims reporting service at 1-800-847-0959.

DRIVER INCIDENT REPORTING FORM

The report form below is to be completed by the driver, at the scene of the incident. Witness cards are also provided at the end of this document for witnesses to complete during the scene of the incident. Please print as many copies as required.

Driver Information
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Name: _____ DOB (mm/dd/yyyy): _____

Address: _____

Province/State: _____ Postal/ZIP Code: _____ Country: _____

Phone: () _____

Licence #: _____

Expiration Date: _____ Province/State of Issue: _____

Owner/Company Information
.....

Name: _____

Address: _____ Province/State _____

Postal/ZIP Code: _____ Country: _____ Phone () _____

Insurance Carrier: _____ Policy #: _____

National Safety Code (NSC) #: _____

Commercial Vehicle Operator's Registration (CVOR) #: _____

Your Vehicle Information
.....**TRACTOR OR OTHER POWER UNIT**

Year: _____ Make/Model: _____

VIN: _____ Unit #: _____

Plate Number: _____ Province/State of Issue: _____

Colour/Company Logo: _____

TRAILER #1 (IF APPLICABLE)

Year: _____ Make/Model: _____

VIN: _____ Unit #: _____

Plate Number: _____ Province/State of Issue: _____

Colour/Company Logo: _____

TRAILER #2 (IF APPLICABLE)

Year: _____ Make/Model: _____

VIN: _____ Unit #: _____

Plate Number: _____ Province/State of Issue: _____

Colour/Company Logo: _____

Cargo Information

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Were you hauling cargo? Yes No

If yes, what was the cargo? _____

If yes, was the cargo damaged? Yes No

If yes, please describe the damage to the cargo: _____

Incident Information

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DATE/TIME/LOCATION

Date (mm/dd/yyyy): _____ Time: _____ ^{a.m.}/_{p.m.} City/Town: _____

Municipality/County: _____

Province/State: _____ Street/Highway: _____

Landmark(s): _____

Other (please describe): _____

WHAT HAPPENED AT THE SCENE?

Number of vehicles involved (including yours): _____

Prior to the collision, at what speed were you travelling? _____ km/h; _____ mph

Were your headlights on when the collision occurred? Yes No

What lane were you in? The lane closest to the shoulder is Lane 1 (please specify left, right, or middle lane):

How many lanes were there in the direction you were driving? _____

Were warning signals given prior to the collision? Yes No

If yes, what was the signal and who gave the signal? _____

Hours on duty at the time of the collision: _____

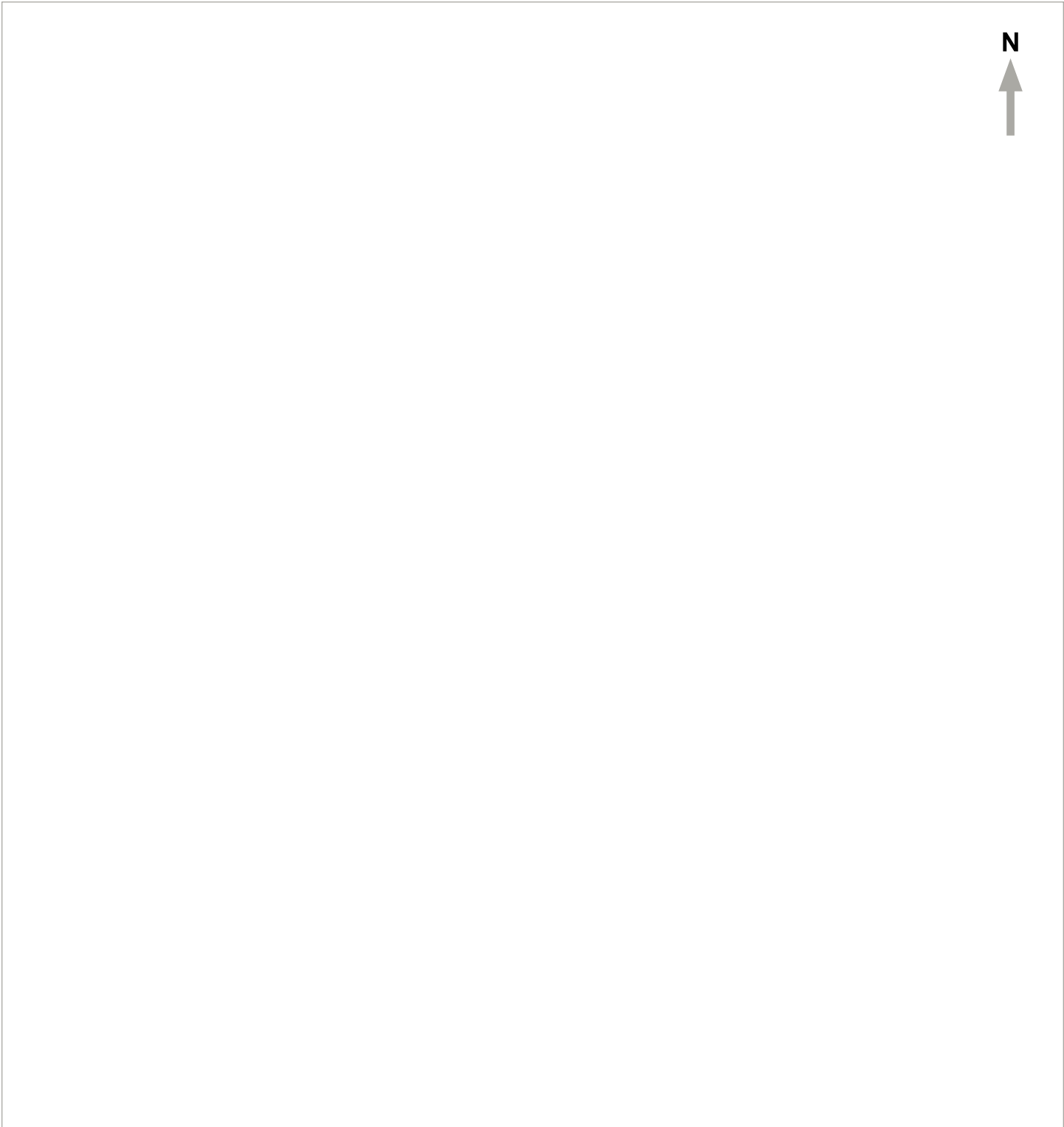
Kilometres/miles travelled on this trip until time of the collision: _____

In your own words, please describe how the collision occurred: _____

Incident Diagram

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Using the space below, please sketch a diagram to describe how the incident/collision occurred. Your vehicle is vehicle A. The third party vehicle(s) are vehicle 1, 2, etc. Indicate the direction in which you were travelling, any lane markings, street names, traffic signals, points of impact, etc. Try to be specific when sketching your diagram.



Actions and Movements of All Vehicles Involved

Please use ✓ where applicable.

	Your Vehicle	Third Party Vehicle #1	Third Party Vehicle #2	Third Party Vehicle #3
Driving Straight				
Turning Right				
Turning Left				
Making a U-turn				
Lost Control				
Stopped/Parked				
Backing Up				
Jackknifed				
Passing Right Side				
Passing Left Side				
Skidding				
Weaving				
Wrong Direction				
Other				

Third Party Property Damage

If there was any third party property damage, please describe the damage and who caused it:

Road Conditions

Please circle all conditions applicable to the incident:

- | | | | | |
|----------|--------------------|-------------------|------------------|-----------------------|
| Street | Highway | Driveway/Alleyway | Parking Lot | Loading Dock |
| Off-road | Private Property | Truck Stop | Bridge Underpass | Straight |
| Level | Curve | Marked Lanes | Unmarked Lanes | Grade ____% (up/down) |
| Hilly | Under Construction | Potholes/Cracks | Gravel | Concrete |
| Asphalt | Debris | Other Unpaved | Dry | Wet |
| Snowy | Icy | Muddy | Oily | |

If other road conditions were present, please specify: _____

Traffic Conditions

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Please circle the most appropriate traffic condition:

No Traffic

Heavy

Light

Stop and Go

Merging Traffic

If other traffic conditions were present, please specify: _____

Traffic Controls

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Please circle all conditions applicable to the incident:

No Traffic Controls

Traffic Light

Stop Sign

Yield Sign

Police Officer

Railroad Crossing
Signal/Gate

Posted speed limit: _____ km/h or _____ mph

If other traffic controls were present, please specify: _____

Weather/Visibility Conditions

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Please circle all conditions applicable to the incident:

Clear

Snow

Sleet

Fog

Rain

Hail

Dust

Sand

Daylight

Sunrise

Sunset

Dark (road lighted)

Dark (road unlighted)

If other weather/visibility conditions were present, please specify: _____

Other Parties Involved

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THIRD PARTY VEHICLE #1

Year: _____ Make/Model: _____

Colour: _____ VIN (if available): _____

Plate Number: _____ Province/State of Issue: _____

Driver Name: _____

Driver Address: _____

Province/State: _____ Postal/ZIP Code: _____ Country: _____

Driver Phone: () _____

Driver Licence #: _____

Expiration Date (mm/dd/yyyy): _____ Province/State of Issue: _____

Owner Name: _____

Owner Address: _____

Province/State: _____ Postal/ZIP Code: _____ Country: _____

Owner Phone: () _____

Other Parties Involved (continued)

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THIRD PARTY VEHICLE #1 (CONTINUED)

Number of Passengers in Vehicle (including the driver): _____

Trailer Information (if applicable): _____

Any Injuries: Yes No If yes, please specify: Driver Passenger

Insurance Company: _____

Policy Number: _____ Expiration Date (mm/dd/yyyy): _____

THIRD PARTY VEHICLE #2

Year: _____ Make/Model: _____

Colour: _____ VIN (if available): _____

Plate Number: _____ Province/State of Issue: _____

Driver Name: _____

Driver Address: _____

Province/State: _____ Postal/ZIP Code: _____ Country: _____

Driver Phone: () _____

Driver Licence #: _____

Expiration Date (mm/dd/yyyy): _____ Province/State of Issue: _____

Owner Name: _____

Owner Address: _____

Province/State: _____ Postal/ZIP Code: _____ Country: _____

Owner Phone: () _____

Number of Passengers in Vehicle (including the driver): _____

Trailer Information (if applicable): _____

Any Injuries: Yes No If yes, please specify: Driver Passenger

Insurance Company: _____

Policy Number: _____ Expiration Date (mm/dd/yyyy): _____

Police Information

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Did you contact the police? Yes No

Were the police present at the scene of the incident? Yes No

Name of officer #1: _____ Badge#: _____

Name of officer #2: _____ Badge#: _____

Name of police agency: _____

Phone: () _____ Report #: _____

Was anyone charged? Yes No

If yes, who was charged and what were the charges? _____

Was anyone arrested? Yes No

If yes, who was arrested? _____

Environmental Hazards (Fuel and Cargo Spills)

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Was there a fuel spill and/or cargo spill? Fuel: Yes No Cargo: Yes No

If yes, was Spill Center contacted? Yes No

Who contacted Spill Center? _____

When was Spill Center contacted (date and time)? _____

Approximately how much fuel was spilled (use your own unit of measure)? _____

Approximately how much cargo was spilled (use your own unit of measure)? _____

Who arrived at the incident scene to deal with the environmental hazard? _____

Additional Notes

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Please include any other information such as damages, injuries, spills, etc:
