

ACCIDENT REPORT FORM

Please fill out form as completely as possible.

Branch _____ Customer _____

Driver _____ Employee Staffmark I.D. Number _____

Date of Incident _____ Time of Incident _____

City & State where incident occurred _____

Motor vehicle collision Property damage without collision Cargo Equipment

Fatalities? YES NO Injuries? YES NO Any vehicles towed? YES NO

Was Staffmark driver cited? YES NO If so, for what violation(s) _____

Reporting Police Department & Report Number _____

Staffmark driver was operating: Tractor-trailer Straight Truck/Van Bobtail Tractor Forklift Other

Describe damage to your vehicle:

Collided with: Moving Vehicle(s) Parked Vehicle(s) Pedestrian/Bicycle(s) Fixed Object(s) Other

Describe damage to other vehicle/property:

Other Party Involved in Incident

Name/Address/Phone Number _____ Number of Passengers _____

Witnesses (Name/Address/Phone Number):

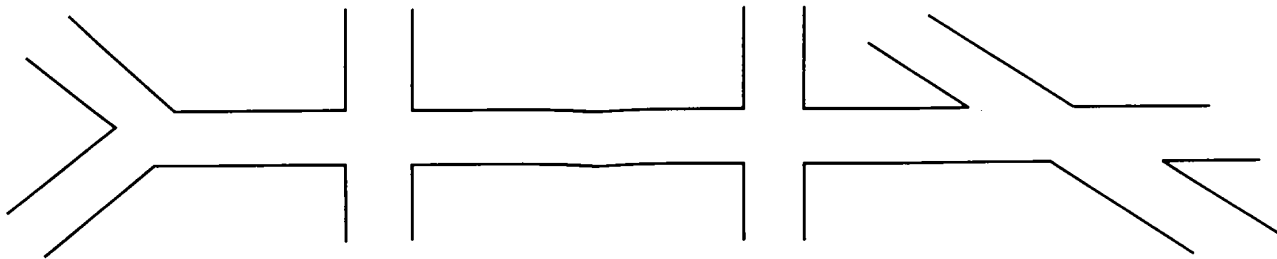
For Staffmark Personnel Use Only:

Safety Department Notified By Phone By Email Report faxed to Safety Department

Non-DOT post-accident UDS DOT post-accident UDS DOT post-accident BAT

How did the incident occur? Describe incident with all available details. Use separate sheet of paper (NOT back of this page) if necessary to provide details.

Diagram the roadway/location: The position of vehicles, pedestrians, objects and signal lights/signs **and** show the path of movement of all moving vehicles or pedestrians involved. DIAGRAM IS REQUIRED. Use separate sheet, if necessary.



Driver Signature: _____ **Date:** _____

Staffmark Branch Representative Reviewing Report: _____

Applicable in California: For your protection, California law requires the following to appear on this form. It is unlawful to (a) Present or cause to be presented any false or fraudulent claim for payment of a loss under a contract or insurance; and/or (b) Prepare, make or subscribe, in writing, with intent to present or use the same or to allow it to be presented or used in support of any such claim. A violation any provision of this section is punishable by imprisonment in the state prison, or by a fine not exceeding one thousand dollars (\$1,000) or both.

Applicable in Florida, Idaho and New York: Any person who knowingly, and with intent to injury, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is guilty of a felony.*
Florida – 3rd Degree Felony New York – Insurance Fraud in 3rd Degree – Class A misdemeanor; 2nd Degree – Class E Felony; 1st Degree – Class D Felony.