

Policy and Procedure Manual	Section A 12.2
Operation of Library-Owned Vehicles and Use of Private Vehicles for Library Business Procedures: Accident Packet	Issued: July 2, 2008; Revised December 22, 2021 Approving Authority: Administration

ACCIDENT PACKET

Authorized Library Driver: It is your responsibility to make any reports required by the state and/or city in which the accident occurred.

Follow the steps below if you have an accident:

1. Activate both turn signals simultaneously but not in place of warning devices included in the van.
2. Do not move injured persons unless absolutely necessary.
3. Notify Police by calling 911.
4. Authorized Library Drivers Must:
 - Notify Administration immediately.
 - Notify the PIC if Administration is not available at that time.
 - Notify your domicile.
5. Take pictures of any damage and injury with an available camera and ensure they are sent to library Administration.
6. Show your license to anyone who requests to see it. Answer all questions the police ask. Do not admit guilt or sign anything. Be courteous at all times
7. Fill out Preliminary Accident Report. Get detailed information so that you can make a complete report to Library Administration and/or domicile.

PRELIMINARY ACCIDENT REPORT

Driver Instructions

- Use this form to record accident information for your detailed report.
- It is your responsibility to make any reports required by the state and/or city in which the accident occurred.

1. Date of accident : _____ Time: _____

2. Name of Employee: _____

3. Exact location of accident – **Identify by street address, mile post, route number or miles from nearest town or landmark.**

Street / highway: _____

Number/block/mile marker: _____

City: _____

Nearest city/town: _____

County: _____ **State:** _____

4. Vehicle No.2 – Other Driver

Owner: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____

Driver license no.: _____

Driver's physical condition: _____

Injury? No Yes **Describe:** _____

Vehicle No. 2 - Passengers

How many? _____ None

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Injury? Yes No

Describe Injury: _____

Name: _____

Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Describe Injury: _____

5. Vehicle No. 3— *If more than two vehicles involved*

Owner: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____

Vehicle year & make: _____

License number: _____

Insurance company: _____

Policy number: _____

Vehicle No. 3 –*Driver*

Name: _____ **Age:** _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____

License number: _____ **State:** _____

Driver's physical condition: _____

Injury? No Yes **Describe:** _____

Vehicle No. 3-- *Passengers* **How many?** _____ None

Name: _____ **Age:** _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ **Injury?** Yes No

Describe injury: _____

Name: _____ **Age:** _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ **Injury?** Yes No

Describe injury _____

6. Other person(s) injured

Name: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Injury? Yes No

Describe injury: _____

7. Witnesses

Name: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____

Name: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____

8. Police Investigation

State, County, or Local: _____

Officer's name: _____

Badge number: _____ Post: _____

Who was cited? _____

Violation? _____

9. Required Information

Date of accident: _____ Time: _____

Speed limit at accident site: _____ Speed of other vehicle: _____

Description of highway (check all that apply):

Straight Curve Level Grade Hillcrest

Dry Wet Mud Ice Snow Oil

Lanes: Number _____ Marked Divided 2-way One-way

Weather: Clear Rain Fog Sleet Snow

Visibility: Dawn Day Dusk Dark Artificial

Type of district: Private property Residential Rural Business

10. Damage to property other than motor vehicle (describe).

Owner and address of damaged property:

Phone: (_____) _____

11. Library Communication

Notified Library:

Date _____ **Time** _____

Spoke with the Person-In-Charge (Name _____

Notified Mary Adamowski, Library Director (708-428-5202) (cell: 708-404-9374)

Yes No

Notified Anthony Andros, Assistant Library Director (708-428-5203) (cell: 708-837-0058)

Yes No

12. Use space below to describe accident and/or draw diagram: