

### Accident Reporting Procedures

If your company vehicle has been damaged please do the following:

- Get help for the injured.
- File a police report. When reporting to police, follow the laws of the state in which the accident occurred.
- Complete all the information requested on this form before leaving the scene of the accident. Keep a copy for your records.
- Call Stellantis Claims (Element) at 1-800-313-7448 with the completed information as soon as possible after the accident. Experienced claims specialists are available 24 hours-a-day, 7 days-a-week. Identify yourself as an employee of Stellantis.
- Call Gallagher Bassett Services, Inc. at 248-452-6050 with injury related questions or questions concerning damage to a vehicle or property owned by a third party.
- Comply with all Stellantis accident and fleet procedures.
- All vehicle repairs and paperwork must be completed by an authorized Stellantis dealer.

### Eight things to do at the scene of an accident

1. **Watch Your Step.** Be careful not to walk into the path of oncoming traffic or into spilled fluids.
2. **Call the Police.** Call the police and request emergency medical help if needed. Report every accident. A police report can challenge someone who changes their story and files a claim against you.
3. **Don't Move Vehicles.** Unless the vehicles are blocking the roadway or endangering oncoming traffic or pedestrians, do not move them before the police and emergency teams arrive. Activate your flashers.
4. **Take Notes.** Record as much information as you can regarding all of the vehicles and people involved in the accident.
5. **Getting Your Vehicle Towed.** Don't let your vehicle be towed by an unknown driver to an unfamiliar repair shop. Don't authorize repairs or other charges on a towing receipt. Follow your fleet policy faithfully.
6. **Don't Accept Money.** Neither accept nor offer cash to settle the claim, regardless of how small. Otherwise, problems that come up later may be at your expense.
7. **Report the Accident.** Promptly report every accident to Stellantis Claims (Element) at 1-800-313-7448.
8. **Before You Leave the Scene.** Check your notes, be sure you haven't forgotten anything. The more information you have, the more questions you can answer.

**Be Prepared:** No one wants to have an accident, but you should do your best to be prepared. Keep vital information in your wallet or in your vehicle. It's a good idea to have a camera, notepad and pencil on hand.

**After the Fact:** Some things will come to you after you've calmed down, or when you're relating the story to friends and family. Write it down.



## ACCIDENT REPORTING PROCEDURES

KEEP IN YOUR VEHICLE, ACCESSIBLE AT ALL TIMES.

COMPLETE THIS FORM BEFORE  
LEAVING THE ACCIDENT SCENE  
AND BEFORE CALLING:

1-800-313-7448

## WE'RE HERE TO HELP

We understand that a vehicle accident can be a stressful experience... your safety and convenience are our top priorities. Stellantis Claims (Element) will help you every step of the way by arranging for towing (if necessary), identifying the closest approved repair facility, and managing the repairs.

### Prior to Your Vehicle's Tow and /or Repair

Remove all company property and personal belongings from the vehicle. The repair facility is not responsible for lost or stolen property.

COMPLETE THIS INFORMATION BEFORE LEAVING THE SCENE OF THE ACCIDENT.

Your Name		
Driver's License #	State/Prov.	
<b>YOUR VEHICLE (V-1)</b>		
Year	Make	Model
License Plate #	State/Prov.	
Vehicle #	Mileage	
Vehicle ID # (VIN)		
Damage		

**OTHER VEHICLE (V-2)**

Owner		
Driver	Age	M / F
Driver's License #	State/Prov.	
Address		
City	State/Prov.	Zip
Phone		
Year	Make	Model
License Plate #	State/Prov.	
Vehicle ID # (VIN)		
Damage		
Insurance Company		
Policy #		
Agent's Name		
Phone	Fax	

**OTHER VEHICLE (V-3)**

Owner		
Driver	Age	M / F
Driver's License #		State/Prov.
Address		
City	State/Prov.	Zip
Phone		
Year	Make	Model
License Plate #		State/Prov.
Vehicle ID # (VIN)		
Damage		
Insurance Company		
Policy #		
Agent's Name		
Phone	Fax	

## ACCIDENT DESCRIPTION

[illegible]**PASSENGERS/WITNESSES**

Name	Age	M / F
<input type="checkbox"/> Passenger: vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 or <input type="checkbox"/> 3		
<input type="checkbox"/> witness: <input type="checkbox"/> passing motorist <input type="checkbox"/> pedestrian		
Phone		
Name	Age	M / F
<input type="checkbox"/> Passenger: vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 or <input type="checkbox"/> 3		
<input type="checkbox"/> witness: <input type="checkbox"/> passing motorist <input type="checkbox"/> pedestrian		
Phone		
Name	Age	M / F
<input type="checkbox"/> Passenger: vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 or <input type="checkbox"/> 3		
<input type="checkbox"/> witness: <input type="checkbox"/> passing motorist <input type="checkbox"/> pedestrian		
Phone		
Name	Age	M / F
<input type="checkbox"/> Passenger: vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 or <input type="checkbox"/> 3		
<input type="checkbox"/> witness: <input type="checkbox"/> passing motorist <input type="checkbox"/> pedestrian		
Phone		

## INJURIES

Name	Age	M / F
Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 or <input type="checkbox"/> 3 or <input type="checkbox"/> pedestrian		
Phone		
Hospitalized <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, where?		
Extent of injuries		
Child <input type="checkbox"/> No <input type="checkbox"/> Yes Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Fatality		

  

Name	Age	M / F
Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 or <input type="checkbox"/> 3 or <input type="checkbox"/> pedestrian		
Phone		
Hospitalized <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, where?		
Extent of injuries		
Child <input type="checkbox"/> No <input type="checkbox"/> Yes Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Fatality		

Important: Please fill in diagram below. Show position of your vehicle and other vehicle(s) involved, with direction vehicle(s) were traveling.

Use arrow to indicate North

Sidewalk

Sidewalk

Sidewalk

Indicate location of traffic controls such as signals, signs, lights, police markers, etc.

## ACCIDENT INFORMATION

Date	Time	Day of week
Street or Highway		
City/County		
State/Prov.		
Weather conditions		
Road conditions		
Traffic controls		
Speed limit	Traveling speed	

## POLICE INFORMATION

Was a police report taken?

☐ Yes ☐ No

Department \_\_\_\_\_

Phone \_\_\_\_\_ Report # \_\_\_\_\_

Officer's Name \_\_\_\_\_ Badge # \_\_\_\_\_

Citation(s) issued to you \_\_\_\_\_

\_\_\_\_\_

Citation(s) issued to other party(s) \_\_\_\_\_



	X
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Driver's Signature