



# OB Vehicle Incident Report

Complete and return within 24 hrs

### IMPORTANT IMMEDIATE STEPS TO REMEMBER:

#### PREVENT ADDITIONAL INCIDENTS.

Warn oncoming traffic with a light, flag or similar device.

#### HELP THE INJURED.

Do not render first aid unless you are qualified. Call an ambulance if anyone is injured.

#### CALL THE POLICE AND FILE A REPORT.

Don't discuss what happened with anyone except the police.

#### DO NOT ADMIT RESPONSIBILITY

for the incident, nor sign any statements.

#### IDENTIFY WITNESSES.

Before they leave the scene of the accident.

#### TAKE PHOTOS.

Take photos of scene and damage prior to moving vehicles (if reasonable and possible). Digital photos are ok.

#### EXCHANGE INSURANCE INFORMATION.

Insurance Company: **Philadelphia Indemnity Insurance Co.**  
Ins. 3-Digit Code:: **721**  
Policy # - All States: **PHPK1973630**  
Expiration Date: **05/01/20**  
Contact Number: **978-322-7242**

#### HAVE VEHICLE TOWED, IF NECESSARY.

#### PHONE IN.

Call your Safety Director or supervisor immediately, if possible.

The Safety Director or staff supervisor will determine if the incident must be reported to the Outward Bound insurance carrier.

**ALL** business-related vehicle accidents involving, bodily injury, damage to non-Outward Bound (3<sup>rd</sup> party) vehicles or property, or physical damage of more than \$1,000 to an Outward Bound vehicle, must be reported immediately (no later than 24 hrs):

The following call tree is used until contact is made;

#### Deanna Bullock

Commercial Claims Team Leader, Fred C. Church

Tel: (978) 322-7242; Fax: (978) 454-1865

Email: [dbullock@fredcchurch.com](mailto:dbullock@fredcchurch.com)

Lisa Hunzelman Tel. (978) 322-7230;

Email: [lhunzelman@fredcchurch.com](mailto:lhunzelman@fredcchurch.com)

Meghan Artemis; Tel. (978) 322-7210;

Email: [martemis@fredcchurch.com](mailto:martemis@fredcchurch.com)

**AFTER BUSINESS HOURS**, leave contact info, brief details and follow-up as above the next business day.

Questions related to vehicle incident reporting should be directed to the school Safety Director, staff supervisor, or:

**OBUSA Risk Management Office**

Office: (207) 510-7533; Cell: (207) 232-3118;

Email: [riskmgmt@outwardbound.org](mailto:riskmgmt@outwardbound.org)

### Outward Bound Driver Information (Vehicle #1):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Base/Dept/Center/Charter: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### OB Vehicle (#1): OB Unit #: \_\_\_\_\_ Other? Yes No

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Plate# \_\_\_\_\_ VIN# \_\_\_\_\_

Describe Damage \_\_\_\_\_

# of Passengers \_\_\_\_\_ Any Injuries?  Yes  No

Owner (if not OB) \_\_\_\_\_

### Other Driver Information (Vehicle #2):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

(if working at time of Accident)

Contact Name: \_\_\_\_\_

### Other Driver Vehicle (#2):

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Plate #: \_\_\_\_\_ VIN # \_\_\_\_\_

Describe Damage \_\_\_\_\_

# of Passengers: \_\_\_\_\_ Any Injuries?  Yes  No

Owner (if not Driver) \_\_\_\_\_

**Were more than two vehicles involved?**  Yes  No

**If yes, use an additional form.**

### Injured Person: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Other:  Yes  No

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female

Describe Injury: \_\_\_\_\_

**Transported by Ambulance?**  Yes  No

### Injured Person: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Other:  Yes  No

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female

Describe Injury: \_\_\_\_\_

**Transported by Ambulance?**  Yes  No

### Witnesses or Passengers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**I COMPLETED AND READ THIS INCIDENT REPORT. ALL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT! complete info, description and diagram on reverse side.**

### ACCIDENT INFORMATION

Date \_\_\_\_\_ Time \_\_\_\_\_  A.M.  P.M.  Daylight  Dawn  Dusk  Dark

Name of street or Highway Number: \_\_\_\_\_

Closest Intersection or Landmark \_\_\_\_\_

City, Town, County: \_\_\_\_\_ State: \_\_\_\_\_ Other: \_\_\_\_\_

**DIRECTION:** N E S W Other  
 Yours:     \_\_\_\_\_  
 Other:     \_\_\_\_\_

**SPEED:** Posted Actual  
 Yours: \_\_\_\_\_  
 Others: \_\_\_\_\_

**WEATHER:**  Clear  Raining  Snowing  Fog  Sleetng  Dust/Smoke  High Wind  Other \_\_\_\_\_  
**AREA:**  Residential  Commercial  Rural  Other \_\_\_\_\_  
**PAVEMENT:**  Asphalt  Concrete  Gravel/Dirt  Brick/Stone  Steel  Wood  Other \_\_\_\_\_  
**CONDITION:**  Dry  Wet  Slippery  Pot Holes  Other \_\_\_\_\_

**TRAFFIC CONTROL:**  
 (Stop SignType):  
 1 Way  2 Way  3 Way  4 Way  
 Yield  Railroad  Police/Flag Person  
 Semaphore (Flags)  No intersection  
 Uncontrolled Intersection

### ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed. Warning or evasive action taken, and length and position of any skid marks.

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### ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway. Indicate number of lanes and direction of travel signs. Number each vehicle and show direction of travel from point hazard was noticed, to point of impact, by a solid line; and any travel after impact by a dotted line.

Your Vehicle: 

Other Vehicles:  

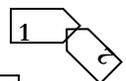
Stop Sign: 

Pedestrian: 

Semaphore (Flags): 

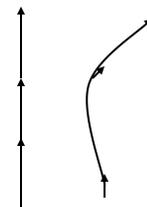
Yield: 

Railroad: 

Point of Impact: 

Traffic Signal: 

Indicate Direction:



At what distance did you notice a hazardous condition?  
 \_\_\_\_\_ feet

**SEAT BELT USED?:**

Yes  No

**AIR BAG INFLATED?:**

Yes  No

**Police Notified?**

Yes  No

**Photos Taken?**

Yes  No

**Attach Police report and Photos or forward them as soon as available.**