

**Return this form to the
Safety Department within
24hours of an accident.**

Central Concrete Supply Co., Inc. VEHICLE ACCIDENT REPORT FORM

Driver's Plant No: _____

Truck No: _____

1. ACCIDENT INFORMATION

ACCIDENT DATE/TIME	LOCATION OF ACCIDENT (include city & state)	POLICE DEPT. TO WHOM REPORTED						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">a.m.</td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">p.m.</td> <td></td> </tr> </table>		a.m.			p.m.			
	a.m.							
	p.m.							
ORIGIN & DESTINATION OF YOUR TRIP		POLICE OFFICER						
Job No. for your delivery:								

2. Central Concrete VEHICLE & DRIVER

MAKE	MODEL	YEAR	VEHICLE I.D. OR SERIAL NO.	CENT. FLEET NO.	LICENSE PLATE NO.
NAME OF DRIVER			HOME ADDRESS	TELEPHONE (home)	
DEPARTMENT WHERE EMPLOYED			OFFICE ADDRESS	TELEPHONE (office)	
DRIVERS LICENSE NO.	DATE OF BIRTH	SOCIAL SECURITY NO.	Date of Hire:		
DESCRIBE VEHICLE DAMAGE			WHERE & WHEN CAN VEHICLE BE SEEN?		

3. OTHER VEHICLE OR PROPERTY

MAKE	MODEL	YEAR	LICENSE PLATE NO.	INSURANCE CARRIER & ADDRESS
NAME OF DRIVER			ADDRESS	TELEPHONE
OWNER			ADDRESS	TELEPHONE
DESCRIBE VEHICLE DAMAGE			WHERE & WHEN CAN VEHICLE BE SEEN?	

4. ACCIDENT DESCRIPTION

DESCRIPTION OF ACCIDENT (use additional sheet if necessary)

5. INJURIES? YES NO list information below:

INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE	
		OTHER VEHICLE	PEDESTRIAN	
INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE	
		OTHER VEHICLE	PEDESTRIAN	
INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE	
		OTHER VEHICLE	PEDESTRIAN	

6. WITNESSES? YES NO list information below:

WITNESS NAME & ADDRESS	VEHICLE	OTHER	
WITNESS NAME & ADDRESS	VEHICLE	OTHER	
	OTHER		
WITNESS NAME & ADDRESS	VEHICLE	OTHER	
	OTHER		

REMARKS

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Policy Holder: Central Concrete Supply Co., Inc. a US Concrete Company
Policy No. 43575 ACE American Insurance Company
Address: 755 Stockton Ave. San Jose, CA 95126-1837
Telephone No. 408-404-2013

Driver Signature

Date

Supervisor Signature

Date

Additional Information:

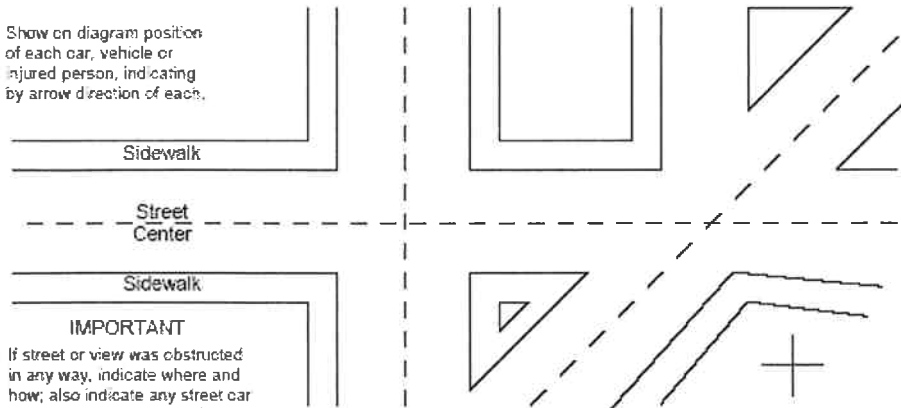
Information Regarding accident:

1. Road conditions (dry, glare, icy, rain, gravel, blacktop etc.) _____
2. At what distance was danger noticed? _____
3. Speed at time of accident? _____
4. Add any other relevant information: _____

Describe in Detail What Happened (Use additional paper if necessary)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Straight Road | <input type="checkbox"/> Hillcrest | <input type="checkbox"/> One Lane |
| <input type="checkbox"/> Curve - R or L | <input type="checkbox"/> Uphill | <input type="checkbox"/> One and One-Half Lane |
| <input type="checkbox"/> Level | <input type="checkbox"/> Downhill | <input type="checkbox"/> Two Lane or Four Lane |

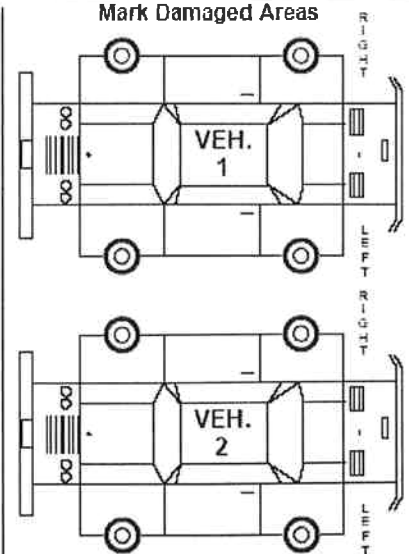
Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.



IMPORTANT

If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs

Mark Damaged Areas



Signature (Driver)

Date

Signature (Supervisor)

Date