MIDWEST Environmental Services, Inc.

AUTO ACCIDENT REPORT - VEHICLE

What to do after an accident!

Keep Calm - Be Courteous. Make no statement concerning the accident to anyone except a police officer.
Get the Officer's Name, Department, and Badge Number.

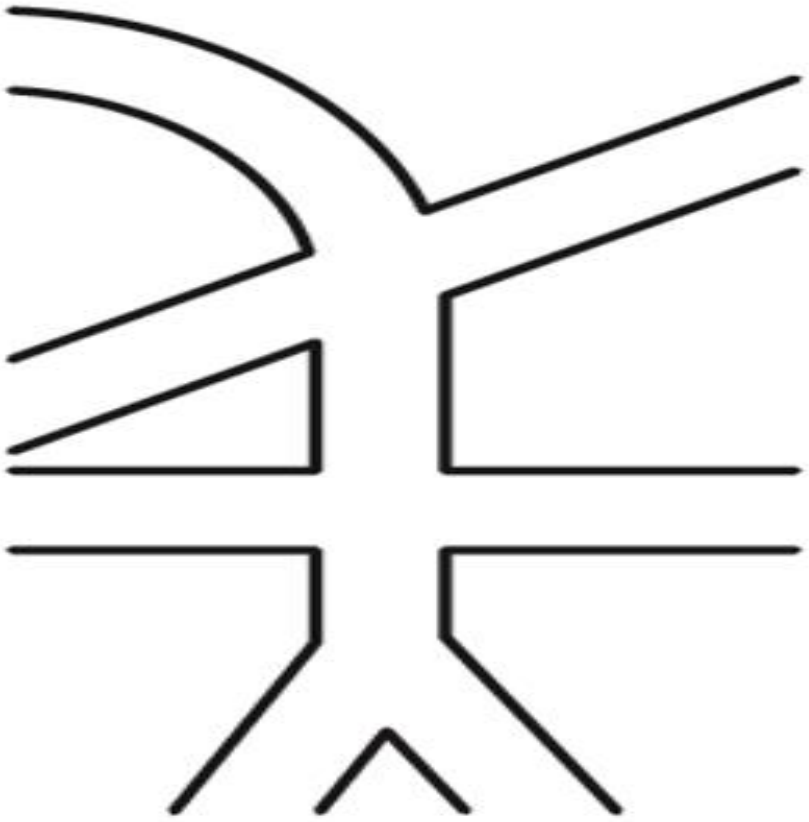
* Contact the police or ask someone else to do so if you cannot.
* Summon medical assistance if anyone is injured.
* Repeat call after 5 minutes if no help has arrived.
* When conditions and/or regulations permit, move onto shoulder or side of roadway to prevent further damage/hazards. Place warning signals promptly if possible.

Do not accept responsibility or apologize for anything!

* Complete this report on the scene - Fill in the information.
* Obtain Names and Addressess of all persons injured, if possible, regardless of how minor the injury.
* Obtain the Names, Phone Numbers, and Addressess of Witnesses.

Draw a Diagram of the Accident

Show names of highways, points, and compass (North, South, East, and West), and directions of vehicles involved.



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Return completed Form to the Director of Health and Safety within 24 Hours of injury

EMPLOYEE INFORMATION

Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code (employee)	
Contact Number including Area Code (work)	Assigned Facility (employee)

OCCURENCE INFORMATION

Date of Accident	Time of Occurrence	Weather Conditions	Road Conditions
Police Department		Police Officer's Name / Badge #	
Location where Incident occurred			
Street Address: City/State/Zip:			

Vehicle Information (Midwest)

Vehicle Description	Make	Model	Year
Equip Vin #	Equip License #	Equip out of Service?	
		Yes	No

Describe damage done to vehicle (Midwest Equipment)

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Damage to Property of Other(s)

Name (last, first, middle) Driver	Address (number, street, city, state, Zip Code)
Contact Number including Area Code (driver)	
Contact Number including Area Code (work)	

Vehicle Description	Make	Model	Year

Equip Vin #	Equip License #	Equip out of Service?
		Yes No

Insurance Company	Policy Number

Passenger(s) - Other Vehicle

1st Passenger - Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code	

2nd Passenger - Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code	

3rd Passenger - Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code	

Witnesses

1st Witness - Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code	

2nd Witness - Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code	

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Describe How the Accident occurred

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature (employee) **Date (document was completed)**