



4464 Lone Tree Way #1044 Antioch, CA 94531

Tel: 866.937.4104
 Fax: 866.937.4108
 Email: dispatch@traveloko.com
 MC#718721

REPORT OF ACCIDENT

READ IMPORTANT INFORMATION ON THE BACK

PLEASE FILL OUT THE FORM BELOW

| | | | | | |
|-----------------------------------|--|------------------|---|--|--|
| | # OF VEHICLES | DATE OF ACCIDENT | ACCIDENT LOCATION - STREET/CITY/STATE | | ON PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO |
| YOUR INFORMATION | DESCRIPTION OF ACCIDENT | | | | DRIVING FOR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | | TIME OF ACCIDENT(24) |
| | DRIVER'S NAME (FIRST, MIDDLE, LAST) | | | DRIVERS LICENSE NUMBER | STATE |
| | DRIVER'S STREET ADDRESS | | | | DATE OF BIRTH(m/d/y) |
| | CITY | | STATE | ZIP CODE | TELEPHONE NUMBERS WORK() HOME() |
| | VEHICLE (YEAR AND MAKE) | | VEHICLE LICENSE PLATE AND VEHICLE IDENTIFICATION NUMBER | | STATE |
| | VEHICLE OWNER (PERSON/COMPANY) | | | | DATE OF BIRTH(m/d/y) |
| | ADDRESS | | CITY | STATE | ZIP CODE |
| | INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF ACCIDENT | | | POLICY NUMBER | |
| | POLICY HOLDER NAME | | | | |
| OTHER PARTY'S INFORMATION | DESCRIPTION OF ACCIDENT | | | | DRIVING FOR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | | |
| | DRIVER'S NAME (FIRST, MIDDLE, LAST) | | | DRIVERS LICENSE NUMBER | STATE |
| | DRIVER'S STREET ADDRESS | | | | DATE OF BIRTH(m/d/y) |
| | CITY | | STATE | ZIP CODE | TELEPHONE NUMBERS WORK() HOME() |
| | VEHICLE (YEAR AND MAKE) | | VEHICLE LICENSE PLATE AND VEHICLE IDENTIFICATION NUMBER | | STATE |
| | VEHICLE OWNER (PERSON/COMPANY) | | | | DATE OF BIRTH(m/d/y) |
| | ADDRESS | | CITY | STATE | ZIP CODE |
| | INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF ACCIDENT | | | POLICY NUMBER | |
| | POLICY HOLDER NAME | | | | |
| INJURY/DEATH PROPERTY DAMAGE | NAME AND ADDRESS OF INJURED OR DECEASED | | | <input type="checkbox"/> INJURED | <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER |
| | | | | <input type="checkbox"/> DECEASED | <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN |
| | NAME AND ADDRESS OF INJURED OR DECEASED | | | <input type="checkbox"/> INJURED | <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER |
| | | | <input type="checkbox"/> DECEASED | <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN | |
| PROPERTY OWNER'S NAME AND ADDRESS | | | | | |
| DATE | | PRINTED NAME | | SIGNATURE X | |

This certifies that this application and information in it are true and complete to the best of my knowledge.



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IMPORTANT INFORMATION

FOLLOW THESE SIMPLE GUIDELINES WHEN/IF AN ACCIDENT OCCURS

1. STOP

When you are involved in a crash do not leave the scene without speaking with the driver, police or both. Leaving will only make the situation worse.

2. REMAIN CALM

Try to stay calm and avoid showing anger towards the other driver, especially when the other driver is angry/upset.

3. SAFETY

If the accident is minor and/or has no serious injuries, then move both of the vehicles out of the way of traffic to avoid anymore accidents. If the you or the driver can't move due to injury, then stay inside the vehicle with the seat belt on until help comes. Turn hazard lights on and place cones, flares, or warning triangles if possible.

4. CALL THE POLICE

5. DO NOT ADMIT FAULT

6. CONTACT US

7. PHOTOGRAPH AND NOTE OF ACCIDENT

Photograph any damages of all vehicles involved, location of accident, their information (EX. VIN/DL NUMBER/ADDRESSES/LICENSE PLATES), witnesses information (if any), and police officer names/badge numbers/issues of citations/police report.

8. BE PREPARED

Make sure you have this list of items with you before a crash

- Insurance company ID card
- Valid vehicle registration
- Medical information (EX. allergies/heart condition)

Make sure you also have an emergency kit as well with these items:

- Road flares
- Camera
- First air kit
- Journal and pen