



AUTO ACCIDENT REPORTING PROCEDURES

PLEASE REMEMBER TO:

- * Stay Calm
- * Call 911 should circumstance warrant
- * Move vehicle off the road to a safe location if possible
- * Exchange information with other driver(s)
- * Take pictures of vehicles, driver's license, registration and insurance
- * Obtain contact information from any witnesses if needed

NOTIFY L10 SUPERVISION:

* Email Report and pictures to:

Incident Reporting Team – incidentreporting@level10gc.com

Equipment Yard Manager – Scott Landon – slandon@level10gc.com

IN CASE OF EMERGENCY – CONTACT:

- * Larry Fabbro – 650-280-4031
 - * Casey Wend – 650-222-6784
 - * Jim Evans – 650-207-0259
 - * Scott Landon – 650-280-4031
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- * Complete the attached form (CLEARLY)
 - * Do not accept or deny liability
 - * Jim or Scott will notify Alliant



AUTO CLAIM REPORT

YOUR VEHICLE:

Driver: _____ Phone #: _____
Year: _____ Make: _____ Model: _____
Vehicle I.D. # (IMPORTANT): _____
Describe Damage: _____

OTHER VEHICLE:

Driver: _____ Phone #: _____
Owner: _____
Address: _____
Year: _____ Make: _____ Model: _____
License Plate #: _____ Driver's Lic. #: _____
Insurance Company: _____ Policy #: _____
Describe Damage: _____

ACCIDENT DETAILS:

Date: _____ Time: _____ A.M./P.M.
Street(s): _____
City: _____
Tell In Your Own Words What Happened: _____

INJURED PERSON:

Name: _____ Phone #: _____
(Check One) Your Vehicle: _____ Other Vehicle: _____
Describe Injuries: _____

Name: _____ Phone #: _____
(Check One) Your Vehicle: _____ Other Vehicle: _____
Describe Injuries: _____

WITNESS & POLICE:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Police Department: _____ Report #: _____