

# Accident Reporting Instructions

Available 24 Hours a Day - Call 1-800-316-9167

1. Stop immediately.
2. Protect the scene of the accident by placing appropriate warning devices and activating hazard lights. If possible, post a person to warn oncoming traffic.
3. If possible, protect your vehicle, equipment, and cargo from further damage or theft. However, do not disturb the accident scene until the police arrive.
4. Be courteous, but do not sign anything or discuss the accident with anyone except the police, your supervisor, or the National Interstate adjuster. Make sure to ask any individual making an inquiry to provide proper identification.
5. Do not admit responsibility or agree to pay for any damages or injuries of any kind.
6. Obtain witness statements.
7. Complete the Accident Report Form and forward it to National Interstate Claims department as soon as possible.
8. Take pictures of the scene – this includes pictures of all vehicles involved, skid marks on the roadway, factors that contributed to the accident (road hazards, etc.), pre-existing damage to all vehicles involved, and license plates of all vehicles involved as well as any witness vehicles.
9. If required by DOT guidelines, or if your employer's policy requires a drug/alcohol test, complete the drug/alcohol post-accident test.

**All Accidents Must Be Reported to National Interstate**

**AN INSURANCE EXPERIENCE BUILT AROUND YOU.**



**NATIONAL  
INTERSTATE**  
INSURANCE

# Accident Report Form

Insured Information		
Name of Insured:		
Street Address:		
City:	State:	Zip Code:
Contact Name:		
Primary Phone:	Secondary Phone:	
Insurance Policy Number:		
Date of Loss:		
Location of Accident:		
Driver Name:		
Year/Make/VIN of Insured Vehicle:		
Passenger Name:	Phone Number:	
Other Vehicle Involved		
Driver Name:		
Address:		
City:	State:	Zip Code:
Primary Phone:	Secondary Phone:	
Owner of Vehicle:	Year/Make/Model:	
License Plate #:	Vehicle Registration State:	
Insurance Company:	Insurance Policy Number:	
Passenger:	Phone Number:	
Passenger:	Phone Number:	
Passenger:	Phone Number:	
Passenger:	Phone Number:	
Injured Persons		
Name:		
Address:		
Phone Number:		
Injuries:		
Reported to Police		
Department Name:		
Officer Name:		
Badge Number:		
Phone Number:		
Reporting Information		
Reported By:	Date Signed:	
Send to Email: <a href="mailto:hawaii.claims@natl.com">hawaii.claims@natl.com</a>	Call 800-316-9167	

# Witness Information Form

Complete and email to: [hawaii.claims@natl.com](mailto:hawaii.claims@natl.com)

Date of accident: \_\_\_\_\_ Did you see the accident?  Yes  No

Was anyone hurt?  Yes  No If yes, who? \_\_\_\_\_

Location of the accident: \_\_\_\_\_

Were you a passenger in any of the vehicles involved?  Yes  No

If yes, describe your injuries: \_\_\_\_\_

Describe the accident and what you saw:

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Your Contact Information: \_\_\_\_\_

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

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

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



**NATIONAL  
INTERSTATE**  
INSURANCE

800-316-9167

[www.natl.com](http://www.natl.com)