

# HOGAN CONSTRUCTION

## TRAFFIC ACCIDENT REPORT

### EMPLOYEE INFORMATION

NAME:

PHONE:

#### WHEN IN AN ACCIDENT:

1. Stop and investigate immediately.
2. Assist injured persons, but do not move if likely to cause further injury.
3. Call 911 for medical assistance.
4. Contact the following:  
1st Jared Morgan  
VP Safety, HR, & Risk Control  
801-910-7011 [c], 801-951-7000 [o]  
2nd Austin Sharpe  
Fleet Manager  
801-669-0671 [c], 801-951-7000 [o]
5. Secure names and addresses of witnesses or first persons at the scene.
6. Fill out accident report at accident scene and deliver to the contact, above.
7. Take pictures with your smart phone or tablet.
8. Protect your vehicle from further damage or theft.
9. Comply with any required alcohol or drug testing.



### ACCIDENT DATA to COLLECT: (USE ANOTHER SHEET IF NEEDED)

DATE & TIME:

LOCATION:

ROADWAY:

LANDMARK:

### OTHER DRIVER INFORMATION

NAME:

PHONE:

EMAIL:

PERSONS INJURED:

KILLED:

HOSPITALIZED:

DID POLICE ARRIVE: YES ☐ NO ☐

OFFICER'S NAME:

PHONE:

JURISDICTION:

CITATION ISSUED:

COMPANY VEHICLE MECHANIC DEFECTS:

WERE YOU WEARING  
YOUR SEATBELT: YES ☐ NO ☐

WITNESS #1 NAME:

ADDRESS & PHONE:

WITNESS #2 NAME:

ADDRESS & PHONE:

ACCIDENT  
DESCRIPTION: