

Progress, Inc.  
Vehicle Accident Report Form

Fill out this form **COMPLETELY** and **IMMEDIATELY** if you are involved in an accident while driving a Progress, Inc. vehicle.

1. **NEVER** leave clients alone! Contact your supervisor if you need assistance.
2. Check for injuries and call an ambulance if necessary.
3. Call the police.
4. Don't comment about whose fault it was – just answer the police officer's questions. Give police and other driver(s) the Progress administrative office phone number (615) 399-3000.
5. Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.
6. Get the "Citizen Information Notice" card from the police officer.
7. Get information from the other driver(s):

Full Name (Please Print)	Home Phone
Address	Work Phone
Make, model & color of vehicle	Vehicle Tag #
Insurance Company	Local Agent
Address	Phone Number

8. Witnesses, if any:

Full Name (please print)	Phone Number
Full Name (please print)	Phone Number

9. Were there any injuries? List individuals injured and description of injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe damage to vehicles; identify driver of each vehicle in description:

Progress Vehicle: \_\_\_\_\_  
\_\_\_\_\_  
Driver's Name: \_\_\_\_\_

Other Vehicle: \_\_\_\_\_  
\_\_\_\_\_  
Driver's Name: \_\_\_\_\_

Other Vehicle: \_\_\_\_\_  
\_\_\_\_\_  
Driver's Name: \_\_\_\_\_

11. Was there any other property damage? If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Was anyone issued a citation (ticket) by the police?

Who: \_\_\_\_\_  
What for: \_\_\_\_\_

13. Your Name: \_\_\_\_\_ Work Location: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_

14. Progress Vehicle: \_\_\_\_\_  
Make, model and color

15. Progress Vehicle Tag Number: \_\_\_\_\_

16. Call your supervisor; call the Director of Day Programs at (615) 399-3000 x 33.

17. Obtain a copy of the Accident Report from the Metro Criminal Justice Center and turn it into the Director of Day Programs at Progress, Inc., 319 Ezell Pike, Nashville, TN within (5) days of the accident. There is a charge of \$9.00 for this report. If the accident was not your fault you may submit an request for reimbursement to the Accounts Payable Administrator.