

# How to handle vehicular accidents



*NOTE: If an incident occurs that involves bodily injury, property damage or damage to a vehicle, the operator shall report the incident to the authorities immediately.*

Photos, photos, photos! It has been said a photo is a worth a thousand words and we agree. If you are involved in an auto accident, and once you are able to and/or have contacted emergency responders, use your camera phone or request a witness use their camera phone to document the incident.

If possible, your first photograph should show the accident scene. This typically provides evidence of how the accident occurred, who is at fault and the initial damage. The large example photo below clearly shows the white truck at fault and hitting the blue truck. In contrast, the small photo could be argued that the white vehicle did not actually hit the blue truck.

## Capture the scene



## Identify involved parties

Next, photograph the vehicle identification numbers, license plate or identifying characteristics.




Once the vehicles are separated, take a photo that shows two sides of the vehicle. Unlike a close-up shot, the two-sided photo provides a more realistic representation of the damage.

## Show the damage



When you are finished, remember to complete an incident report. For more details, read the "81-11 Vehicle Use Policy," located on the SJRWMD intraweb.

 **St. Johns River Water Management District**  
**INCIDENT REPORT**

DATE OF INCIDENT: \_\_\_\_\_

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

**A. Employer Information**  
Office Location (street address): \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**B. Employee Information**  
*If bodily injury has occurred, the incident must be reported, regardless of whether the injury required medical treatment or not. Fill out this form completely. For incidents without bodily injury, proceed to the section C of the form.*

Home Street Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_