



NIRVANA

-

Witness Card

*To be completed by anyone who witnessed the accident.
Witness: please complete this form and return to driver.*

Passenger

Observer

Date:

Time:

AM

PM

Did you see the accident happen?

Yes

No

Were you riding in a vehicle involved?

Yes

No

If yes, which vehicle?

Were you hurt?

Yes

No

Name:

Address:

City/State/Zip:

Phone:

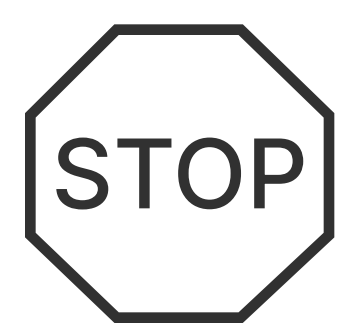
Comments about the accident:

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In case of an accident

- Accident details
- Vehicle details
- Your ID card
- Other driver ID card
- Witness Card
- Exoneration form
- Drug & alcohol testing
- How to file a claim

In case of an accident



Stop

as soon as it is safe to do so.
DO NOT LEAVE THE SCENE



Call

911 to report the accident and request emergency assistance if someone is injured.
Do not attempt to move any injured person(s)



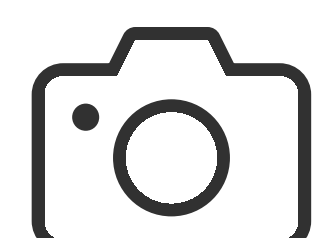
Contact

the designated point of contact for safety or accident reporting at your company



Activate

your emergency four-way flashers and reflective warning triangles



Photograph

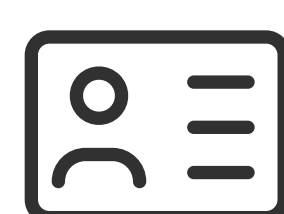
the accident scene (damage to vehicles or cargo, important landmarks, other relevant details).

DO NOT PHOTOGRAPH SERIOUSLY INJURED OR DECEASED PERSONS



Discuss

the accident only with the police, your company, or a member of our Claims Team



Witnesses

should complete a Witness Card

✓ In case of an accident

● **Accident details**

○ Vehicle details

○ Your ID card

○ Other driver ID card

○ Witness Card

○ Exoneration form

○ Drug & alcohol testing

○ How to file a claim

Accident details

Date:

Time:

AM

☐

PM

☐

Location of accident (city, state, highway, mile marker, etc):

Roadway:

Nearest intersection:

Number of vehicles involved, including yours:

Police department:

Officer name:

Accident report #:

Towing service:

Ambulance service:

Did you have passengers at the time of the accident?

YES

☐

NO

☐

(if yes, complete the Witness Card on page 6)

✓ In case of an accident

✓ Accident details

● **Vehicle details**

○ Your ID card

○ Other driver ID card

○ Witness Card

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○ How to file a claim

Your vehicle

Your name:

Address:

City, State, ZIP:

Phone:

Insurance company:

Policy #:

Make/Model/Vin # of your vehicle:

Injuries? Please describe:

Other vehicle(s) involved

Driver:

Address:

City, State, ZIP:

Phone:

Insurance company:

Policy #:

Make/Model/Vin # of your vehicle:

Injuries? Please describe:

✓ In case of an accident

✓ Accident details

✓ Vehicle details

● **Your ID card**

○ Other driver ID card

○ Witness Card

○ Exoneration form

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Your identification card

*Use this card to identify yourself to other drivers involved in an accident.
To be filled out by you and given to other driver(s).*

Name:

Address:

City/State/Zip:

Phone:

Driver's license number and issuing state:

Location of accident:

Date:

Time:

AM

☐

PM

☐

Make/Model of vehicle

License plate number/state:

Insurance company:

Insurance policy number:

This page is left blank intentionally

✓ In case of an accident

✓ Accident details

✓ Vehicle details

✓ Your ID card

● **Other driver ID card**

○ Witness Card

○ Exoneration form

○ Drug & alcohol testing

○ How to file a claim

Other driver(s) identification card

*Use this card to have other driver(s) identify themselves for you.
To be filled out by other driver(s) and returned to you.*

Name:

Address:

City/State/Zip:

Phone:

Driver's license number and issuing state:

Location of accident:

Date:

Time:

AM

☐

PM

☐

Make/Model of vehicle

License plate number/state:

Insurance company:

Insurance policy number:

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✓ In case of an accident

✓ Accident details

✓ Vehicle details

✓ Your ID card

✓ Other driver ID card

✓ Witness Card

● **Exoneration form**

○ Drug & alcohol testing

○ How to file a claim

Exoneration form

*To be completed by anyone who witnessed the accident.
Witness: Please complete this card and return to driver.*

I, do hereby exonerate
and release from all blame, fault, or negligence the following:

(Driver) and their
employer or company from the collision which occurred at : (am/pm)

on this date, (mm/dd/yy) at the following location:

(address or street and closest intersection)

Signature:

Date:

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✓ In case of an accident

✓ Accident details

✓ Vehicle details

✓ Your ID card

✓ Other driver ID card

✓ Witness Card

✓ Exoneration form

● Drug & alcohol testing

○ How to file a claim

Drug & alcohol testing

Notice to Commercial Motor Carrier Company: your driver may be required by law to be treated for alcohol and/or drugs pursuant to FMCSA 382.303. Please complete this form and determine if the driver is required to be treated.

- 1. Did the collision result in a fatality? IF YES, A DOT DRUG AND ALCOHOL TEST IS MANDATORY. If NO, continue to number 2.
- 2. Did the driver receive a citation? If not, then NO drug/alcohol test is required. If YES, continue to number 3.
- 3. Was anyone involved transported to a medical facility? If YES, a drug/alcohol test is required. If NO, continue to number 4.
- 4. Were any of the vehicles involved disabled (towed)? If YES, a drug/alcohol test is required. If NO, then a drug/alcohol test is not required.

Name:

Driver's license #:

Company name:

Accident date:

Time (include AM or PM):

Location of accident, City:

State:

Investigating agency:

Officer's name:

Was a commercial vehicle involved? ☐ Yes ☐ No

What type of CMV was involved? (please check one)

- ☐ GWJR of 26,001 or more pounds inclusive of a towed unit with a GVWR rating of more than 10,000 pounds
- ☐ Has a gross vehicle weight rating of 26,001 or more pounds
- ☐ Is designed to transport 16 or more passengers, including the driver
- ☐ Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 U.S.C. 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172. subpart F).

A test was not necessary because: (please check one)

- ☐ A commercial vehicle was not involved
- ☐ A citation was not issued
- ☐ A citation was issued but nobody was transported to a medical facility and no vehicle were disabled or towed

A test was necessary because a commercial vehicle was involved AND the following:

- ☐ Fatality
- ☐ Driver was cited and a medical transport was needed
- ☐ Driver was cited and a vehicle was towed/disabled

Note: If the driver is not cited within 8 hrs of the collision, then an alcohol test is not authorized
Note: If the driver is cited within 32 hrs of the collision, then a drug test is not authorized

Was an alcohol test completed within 2 hours? ☐ Yes ☐ No

If NO, explain

Was an drug test completed within 32 hours? ☐ Yes ☐ No

If NO, explain

Person completing this form:

Title:

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How to file a claim

Follow your company's accident reporting policy. The party responsible for reporting the claim should file as soon as possible to ensure a speedy resolution.

- 1** Report via one of the following methods:
Call: 1-888-383-8614
Email: reportaclaim@nirvanatech.com
Online: safety.nirvanatech.com/claims
- 2** Nirvana will establish the claim, provide a claim number and contact the requester if more information is needed.
- 3** Check the status of claims online at safety.nirvanatech.com/claims