(1) Satisfy DOT Accident Register requirements using the first panel of the accident record. All required fields are flagged to ensure recordkeeping requirements are met. Generate your register in the accident reporting area.

ACCIDENT RECORD - REGISTER INFORMATION

Driver Name: Baker, Joe   **Driver Location:** ABC Trucking - Chicago

| DOT Register | Accident Detail | Our Vehicle(s) | Their Vehicle(s) | Witnesses | Print |

Edit

Accident No.: 2009-4

Date of accident: 06/10/2009

City/town at/closest to accident l

State/Province: Mississippi

Describe accident location (Ex., a
Intersection of University Avenue a

No. of injuries: 1

No. vehicles involved: 2

**Were hazardous materials relea:
vehicle involved in the accident?**
◉ No ○ Yes

Was a citation issued at the scer
○ No ◉ Yes

Register Information   *Required for DOT Register

*Accident no.: 2009-4   *DOT reportable? ❓ ◉ Yes ○ No

*Date of accident: 6/10/2009 📅

Time: 10 ⌄ : 28 ⌄ PM ⌄

*City/town at/closest to accident location: Oxford

*State/Province: Mississippi ⌄

Describe accident location (Ex. address, landmark, intersection):
Intersection of University Avenue and South 18th Street
Oxford, MS 38655

*No. of injuries: 1   *No. of fatalities: 0

No. vehicles involved: 2   No. people involved: 2

Were hazardous materials released other than fuel spilled from the fuel tanks of the vehicle involved in the accident?
◉ No

Was a c
○ No

ACCIDENT REPORTS

All accident reports can be created using the data and information you have entered in the Accident Register featu
created.

➤ **Accident Register**
   Generate and print your DOT accident register.

➤ **Preventable/Non-Preventable Accidents**
   Create preventable and/or non-preventable reports by company location or accident type.

➤ **Insurance Company Reporting**
   Report accident information based on an insurance reporting status (reported or not reported).

(2) Panel 2 allows you to store a variety of accident information for analysis and identifying accident trends. For added benefits, track associated claims activity using FleetMentor's companion tool *Accident Claim Tracking*.

| DOT Register | Accident Detail | Our Vehicle(s) | Their Vehicle(s) | Witnesses | Print |

Edit

Road/Driving Conditions

Visibility: ○ Day ● Night ○ Reduced by conditions

Traffic conditions: Light

Road type: Concrete   **Occur at an intersection?** ○ No ● Yes

Terrain/Direction (check all that apply):

☐ Ramp (on)   ☐ Ramp (off)   ☐ Uphill
☐ Downhill   ☐ Two-Way   ☐ One-Way
☐ Curved (left) ☐ Curved (right) ☑ Straight

Weather (check all that apply):

☐ Clear/Sunny   ☐ Partly Cloudy/Sunny   ☐ Mostly Cloudy
☑ Fog   ☑ Rain/Showers   ☐ Snow
☐ Sleet   ☐ Freezing Rain/Drizzle ☐ Other

Damage Information

Estimated accident cost: ❓ $3000

Reported to Insurance Company: ● Yes ○ No

Claim Activity: ❓

Links to associated claims are provided for your convenience below. If you choose to view a claim you will be redirected to the Accident Claim Tracking tool.

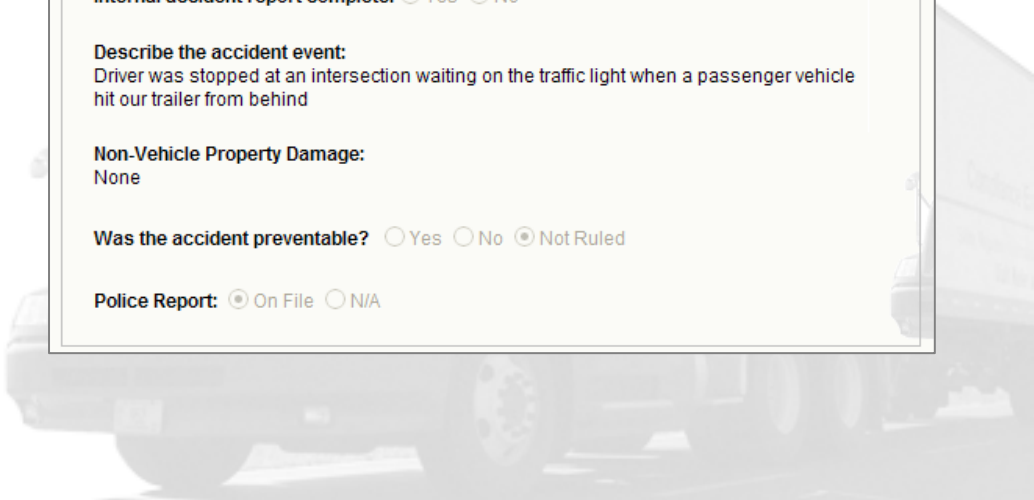| Claim No.	Status	Initial Reserve	Reserve Balance
c2009-1	Open	5000.00	
	Totals:	5000.00	

Accident Type: Rear end - stop

Internal accident report complete: ○ Yes ● No

Describe the accident event:
Driver was stopped at an intersection waiting on the traffic light when a passenger vehicle hit our trailer from behind

Non-Vehicle Property Damage:
None

Was the accident preventable? ○ Yes ○ No ● Not Ruled

Police Report: ● On File ○ N/A

J. J. Keller's
FLEETMENTOR®

(3) Panel 3 allows you to record the company vehicles involved in and/or damaged in the accident. Working in conjunction with FleetMentor's Vehicle & Equipment tool all vehicle data is imported to save you time with data entry.

| DOT Register | Accident Detail | **Our Vehicle(s)** | Their Vehicle(s) | Witnesses | Print |

To record information on a company vehicle involved in an accident click Add Vehicle.

➤ **Add Vehicle**

Vehicles

Unit no.: 0022
Unit no.: 0020

0020   [Edit] [Remove]

   Unit No.: 0020   **VIN#:** 6E6GM9AN34568j89h

   Year: 2004   **Color:** White

   Make: Transcraft   **Tag/Plate no.:** 66600

   Model: TSCFLAT

Damage

Were pictures of the damage taken? ⦿ Yes ○ No

Initial point of impact: Rear bumper

Vehicle damage:
Bumper dislodged on the right side rear. Right reflectors damaged.

Describe driver's injuries:
No injuries to the driver.

Passenger Information

Passenger Name	Address	Age	Statement	Injuries

No passengers added for this accident.

J. J. Keller's
FLEETMENTOR®

(4) Track all non-company vehicles involved in and/or damaged in the accident. All vehicle, driver, insurance, and passenger information can be stored in one convenient place.

| DOT Register | Accident Detail | Our Vehicle(s) | Their Vehicle(s) | Witnesses | Print |

To record information on a non-company vehicle involved in the accident click Add Vehicle.

➤ **Add Vehicle**

Vehicles

Unit no.: Nissan Altima

Nissan Altima   [Edit] [Remove]

Fleet no.: 1   **VIN#:** 1G1FP22PXS2100001

Year: 2007   **Color:** Dark silver

Make: Nissan   **Tag/Plate no.:** ABC 000123

Model: Altima

Damage

Were pictures of the damage taken? ◉ Yes ○ No

Initial point of impact: Front end - grill

Vehicle damage:
Front end sustained substantial damage. Grill smashed, venting, engine will not sustain run mode

Driver

Name: Paul Smith   **Age:** 29

Street Address: 52 McElroy Drive

City: Oxford   **State:** Mississippi   **Zip:** 38655

Statement: ☑ Written ☑ Oral

Describe driver's injuries:
Driver sustained bruised left knee which occurred on impact with the lower steerng column. Neck whiplash also suspected.

Owner Information

Name: Paul Smith

Street Address: 52 McElroy Drive

City: Oxford   **State:** Mississippi   **Zip:** 38655

Phone: 662-555-1234

Insurance

Company: American Auto Insurance   **Agent:** Pam Wills

Street Address: 10012 S Jackson Pkway

City: Oxford   **State:** Mississippi   **Zip:** 38650

Agent Phone: 662-555-9870

Passenger Information

Passenger Name	Address	Age	Statement	Injuries
Jennifer Smith	52 McElroy Drive Oxford, MS 38655	26	Written	Scrapes and abrasions to face from air bag deployment

J. J. Keller's
FLEETMENTOR®

(5) Keep accident witness information for an unlimited number of witnesses.

DOT Register	Accident Detail	Our Vehicle(s)	Their Vehicle(s)	Witnesses	Print

➤ **Add Witness**

Witness	Address	Phone	Age	Statement	
Michael Kalen	211 Van Buren Ave Oxfird, MS 38654	662-555-7874	48	Oral	🗑

EDIT WITNESS

*Required Field

*Name:

Street:

City:

State/Province: - Select One -

Zip:

Phone:

Age:

Statement taken:
☐ Written
☐ Oral

[Save]   [Cancel]