

# FILL IN ALL THE BLANKS AS COMPLETELY AS POSSIBLE

## ACCIDENT REPORT GUIDE

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**IMPORTANT: Keep this guide in the glove compartment of your vehicle. In the event of an emergency, it will be an invaluable document so you can:**

- 1) Be familiar with correct after-accident procedures.
- 2) State the details of the accident more clearly and precisely.
- 3) Identify any witnesses.

### OTHER DRIVERS

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

Address: \_\_\_\_\_

Driver's License No. (State): \_\_\_\_\_ ( )

Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Vehicle: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Make Model (body & style)

Owner's Name: \_\_\_\_\_

License Plate No. (State): \_\_\_\_\_ ( )

Address: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Damage Description: \_\_\_\_\_

### WITNESSES

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

If more than one witness, secure his/her information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHEN YOU'RE INVOLVED IN AN ACCIDENT:

#### DON'T

- Admit fault, and do not give a signed statement to the claims adjuster representing the other driver's insurance company.
- Make any preliminary agreements with the other party without getting police involvement.

#### DO

- Notify police immediately.
- Write a complete description of the names, addresses and license numbers of the persons involved and any witnesses.
- Report all facts of the accident to our claims department immediately.

Claims # Here \_\_\_\_\_

In case of an accident, get these facts and fill in all blanks as completely as possible.

Date/Time: \_\_\_\_\_ Exact Location: \_\_\_\_\_

Describe what occurred (include direction and the lane in which you were traveling)

\_\_\_\_\_

Speed Limit: \_\_\_\_\_ Weather Condition: \_\_\_\_\_

Road Condition: \_\_\_\_\_

Name of Police Department Responding: \_\_\_\_\_

Name of Person Receiving Ticket: \_\_\_\_\_

Injured Persons:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Nature and Extent of Injuries: \_\_\_\_\_

Ambulance Called:  Yes  No Was anyone transported to the hospital? \_\_\_\_\_

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


Damaged Area: \_\_\_\_\_

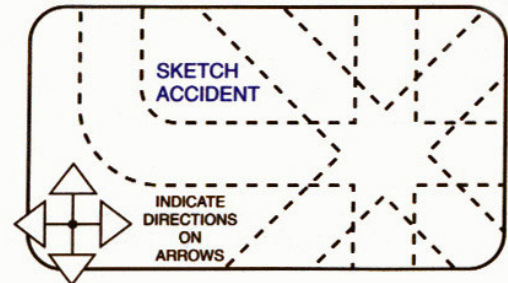
Below, draw diagram of accident showing the direction of all cars and the point of the accident. Show street names and location of street signs, stop signs, etc.

Show Vehicles:

YOURS  1.

OTHER  2.

OTHER  3.



Direct All Claims and Related Correspondence To:

Claims # Here \_\_\_\_\_