

# WHAT TO DO

## IN THE EVENT OF AN AUTOMOBILE ACCIDENT

- BE SAFE.** Move out of the way of traffic and turn on your hazard warning lights.
- TAKE CARE OF YOURSELF AND OTHERS.** Call for medical assistance, if necessary.
- CALL THE POLICE AS SOON AS POSSIBLE.** Even in a minor accident, it is important to file a police report. Ask the officer for the report number.
- DO NOT ADMIT FAULT.** Or advise your coverage limits, even to the police. Do not discuss the circumstances of the accident with anyone other than the police and an insurance claims representative, but remember to be polite and treat everyone at the accident scene with respect.
- EXCHANGE DOCUMENT INFORMATION.** Obtain the necessary information on page 2 from the other drivers. Do not leave the scene until you have checked on all other people involved and have all the information you need.
- TAKE PICTURES AT THE SCENE.** Use your smart phone to document the vehicles involved, the damage, the accident scene. The contact ID cards and license plates. This documentation can help you at claim time.
- REPORT THE ACCIDENT.** If there are any damages, contact your insurance company as soon as possible to report the accident.
- DRAW A DIAGRAM OF THE ACCIDENT SCENE.** Use the diagram below to show names of highway and direction of vehicles involved. Designate your vehicle and other vehicles.

INDICATE NORTH WITH ARROW

**A**

YOUR VEHICLE

**B**

OTHER VEHICLE

**C**

OTHER VEHICLE

# ON-SCENE ACCIDENT REPORT FORM

Fill in the information below before leaving the scene. This will be helpful when contacting your insurance company.

When/Where did the accident occur?

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A description of what happened (include weather conditions).

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A description of the damage to each vehicle.

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The extent of any injuries.

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The names and contact information for any witnesses.

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The name of the police department that responded and the police report number.

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## INVOLVED PARTIES INFORMATION

### VEHICLE 1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CAR INFORMATION: \_\_\_\_\_

LICENSE PLATE NUMBER & STATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

## INVOLVED PARTIES INFORMATION

### VEHICLE 2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CAR INFORMATION: \_\_\_\_\_

LICENSE PLATE NUMBER & STATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_