

What to do if you're involved in an accident

Being involved in an accident can be a nerve-racking, disorienting experience. That's why this Accident Report Guide was created. It is intended to help you gather the information needed in the event of an accident. While we hope you never need this information, it's here if you do.

Keep this booklet, along with your insurance ID card in the glove compartment of the insured vehicle. Follow the instructions in this booklet and complete the Accident Report Guide after an accident.

In the event of an accident, please remember to:

- DON'T** "Make a Deal" for damages.
- DON'T** leave the scene of even a MINOR accident.
- DON'T** accept an offer of cash, check or "private" settlement.
- DON'T** deny injury to you or your passengers.
- DON'T** offer to pay ANYTHING even if you think you are at fault.
- DON'T** administer first aid unless you are LICENSED to do so.

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- DO** (when conditions permit) move to the shoulder or other "SAFE AREA" to prevent further damage.
 - DO** ask someone to summon police and seek medical assistance. Repeat at 5-minute intervals.
 - DO** remember the 3C's: Remain CALM, COURTEOUS, CONSISTENT in your discussion of the accident.
 - DO** obtain complete information from those involved. See panels that follow.
 - DO** complete this report at the scene - not later on.
 - DO** obtain the names of witnesses including addresses and phone numbers.
 - DO** notify the owner of the car that you are driving as soon as possible.

Injured

NAME	AGE	
ADDRESS		
TELEPHONE		
<input type="checkbox"/> DRIVER	<input type="checkbox"/> RIDER - YOUR CAR	POSITION IN CAR
<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> RIDER - OTHER CAR	POSITION IN CAR
NATURE AND EXTENT OF INJURY		
AMBULANCE CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME	AGE	
ADDRESS		
TELEPHONE		
<input type="checkbox"/> DRIVER	<input type="checkbox"/> RIDER - YOUR CAR	POSITION IN CAR
<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> RIDER - OTHER CAR	POSITION IN CAR
NATURE AND EXTENT OF INJURY		
AMBULANCE CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Your Vehicle

VEHICLE YEAR	MAKE	MODEL
DRIVEN BY		
EXTENT OF DAMAGE / DRIVABLE?		

Witnesses

NAME
ADDRESS
TELEPHONE
NAME
ADDRESS
TELEPHONE
NAME
ADDRESS
TELEPHONE
NAME
ADDRESS
TELEPHONE

Accident Report Guide

Important: If possible, fill in this form at the scene of an accident. Report all accidents immediately to your independent agent or broker.

Police Report

OFFICER

PRECINCT

SUMMONS / TICKETS ISSUED

Description of Accident

DATE/TIME

LOCATION (STREET, CITY, STATE)

ESTIMATED SPEED OF VEHICLES

DESCRIPTION OF WHAT HAPPENED

WHO RECEIVED VIOLATION?

WEATHER CONDITIONS

Diagram

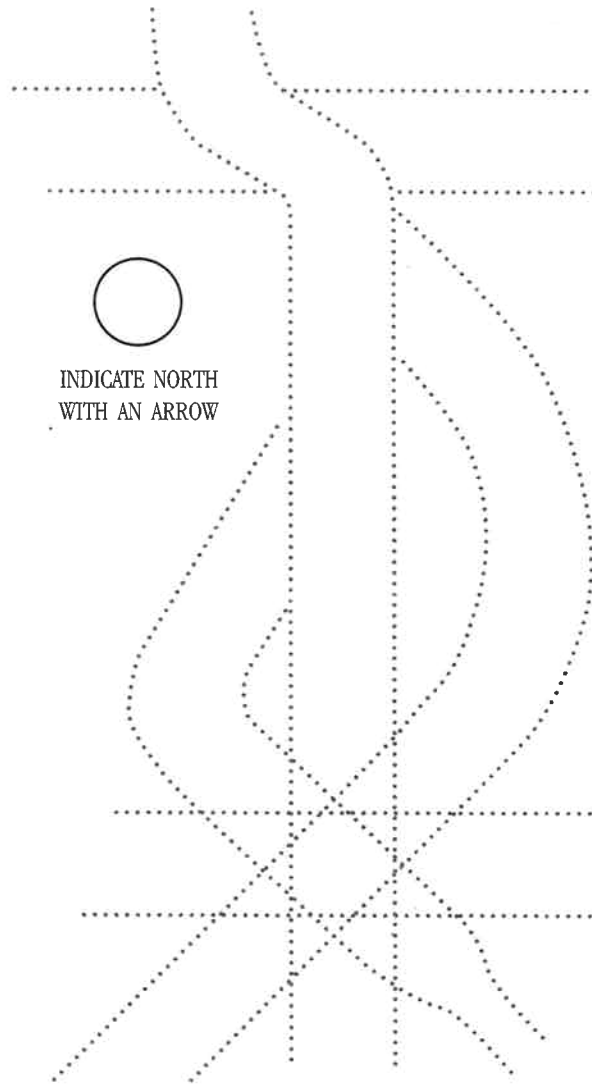
USE THIS DIAGRAM TO SHOW NAMES OF HIGHWAYS AND DIRECTION OF VEHICLES INVOLVED, DESIGNATE YOUR VEHICLE AND OTHER VEHICLES.



YOUR VEHICLE



OTHER VEHICLE(S)



Other Vehicle

DRIVER

AGE

ADDRESS

TELEPHONE

DRIVER'S LICENSE NUMBER

STATE

VEHICLE YEAR

MAKE

MODEL

OWNER OF VEHICLE

ADDRESS

TELEPHONE

INSURANCE COMPANY

POLICY NUMBER

NATURE AND EXTENT OF DAMAGE

NUMBER OF PASSENGERS

STATEMENTS MADE BY OTHER DRIVER

(CONTINUED ON REVERSE SIDE)