

DESCRIPTION OF ACCIDENT

YOUR ACCOUNT

Date _____ Hour _____ (AM/PM)

Location _____

Road Condition _____

Police Officer Name _____

Badge # _____

Accident Report # _____

Circumstances _____

DAMAGE TO PROPERTY OF OTHERS

PERSONS INJURED

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

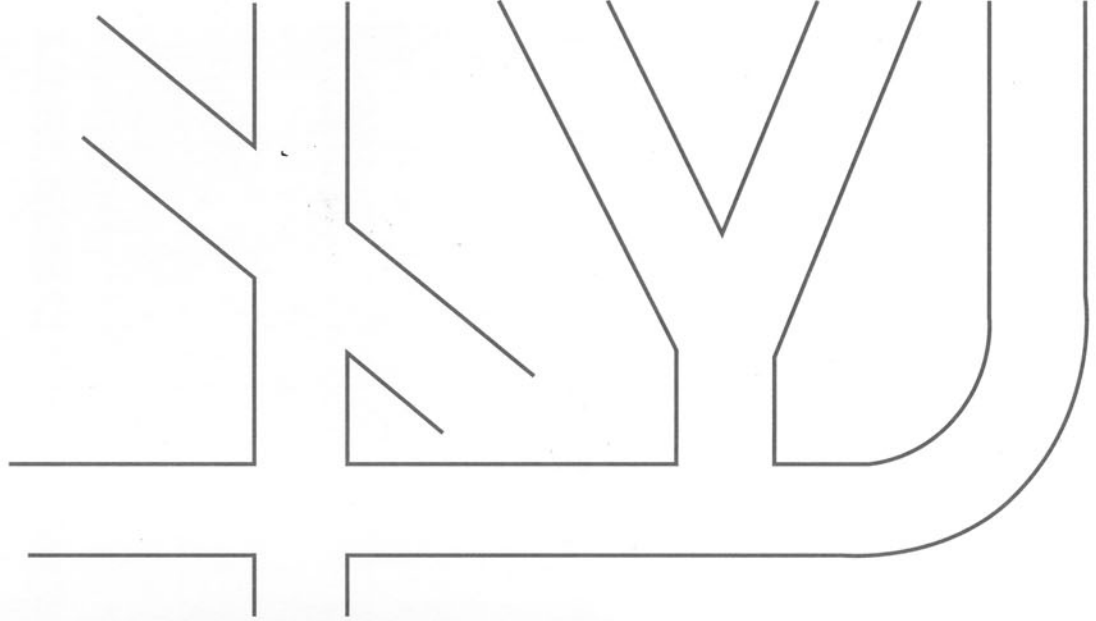
Name _____

Address _____

City _____ State _____ Zip _____

IMPORTANT Use the diagram below to illustrate the accident. Your car is "Vehicle A" the other car is "Vehicle B". Others are "Vehicle C, D, E".

- 1 Note the direction of each car and the direction they were traveling with arrows and compass points (N, S, E, W).
- 2 Get all information on the other driver(s) requested on page 3.
- 3 Complete information on your car — see page 3.



**THE DO'S AND DON'TS
 AT THE SCENE
 OF AN AUTO ACCIDENT—
 EVEN A "FENDER BENDER"
 OR "BUMPER THUMPER"**

WHOOOPS!



**WE HOPE THIS NEVER HAPPENS
 BUT IF IT DOES, PLEASE
 NOTIFY US AS SOON AS POSSIBLE.**



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IN CASE OF ACCIDENT:

- NEVER** "Make a Deal" for damages.
- NEVER** leave the scene of even a MINOR accident.
- NEVER** accept an offer of cash, check or "private" settlement.
- NEVER** disavow injury to you or your passengers.
- NEVER** offer to pay ANYTHING even if you think you are at fault.
- NEVER** administer first aid unless you are LICENSED to do so.
- ALWAYS** (when conditions permit) move to shoulder or other "SAFE AREA" to prevent further damage.
- ALWAYS** ask someone to summon police and seek medical assistance. Repeat at 5-minute intervals.
- ALWAYS** remember the 3 C's: Remain CALM, COURTEOUS, CONSISTENT in your version of the accident.
- ALWAYS** obtain complete information from those involved. See next panel.
- ALWAYS** complete this report on the scene — not later on.
- ALWAYS** obtain the names of witnesses including addresses and phone numbers.
- ALWAYS** notify the owner of the car you are driving as soon as possible.

YOUR VEHICLE

Complete beforehand if possible

License Plate # _____ Make _____ Model _____ Year _____
 Registration / VIN # _____
 Owner's Name _____
 Driven By _____
 Driver License # _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # () _____
 Damage _____

OTHER VEHICLE

License Plate # / State _____
 Owner's Name _____
 Driver Name _____ Age _____
 Registration / VIN # _____
 Address _____
 City _____ State _____ Zip _____
 Home Telephone # () _____
 Work Telephone # () _____
 Insurance Company _____
 Policy # _____
 Expiration Date _____
 Damage _____

OTHER VEHICLE

if applicable

License Plate # / State _____
 Owner's Name _____
 Driver Name _____ Age _____
 Registration / VIN # _____
 Address _____
 City _____ State _____ Zip _____
 Home Telephone # () _____
 Work Telephone # () _____
 Insurance Company _____
 Policy # _____
 Expiration Date _____
 Damage _____

WITNESSES

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # () _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # () _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # () _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # () _____

ADDITIONAL NOTES