

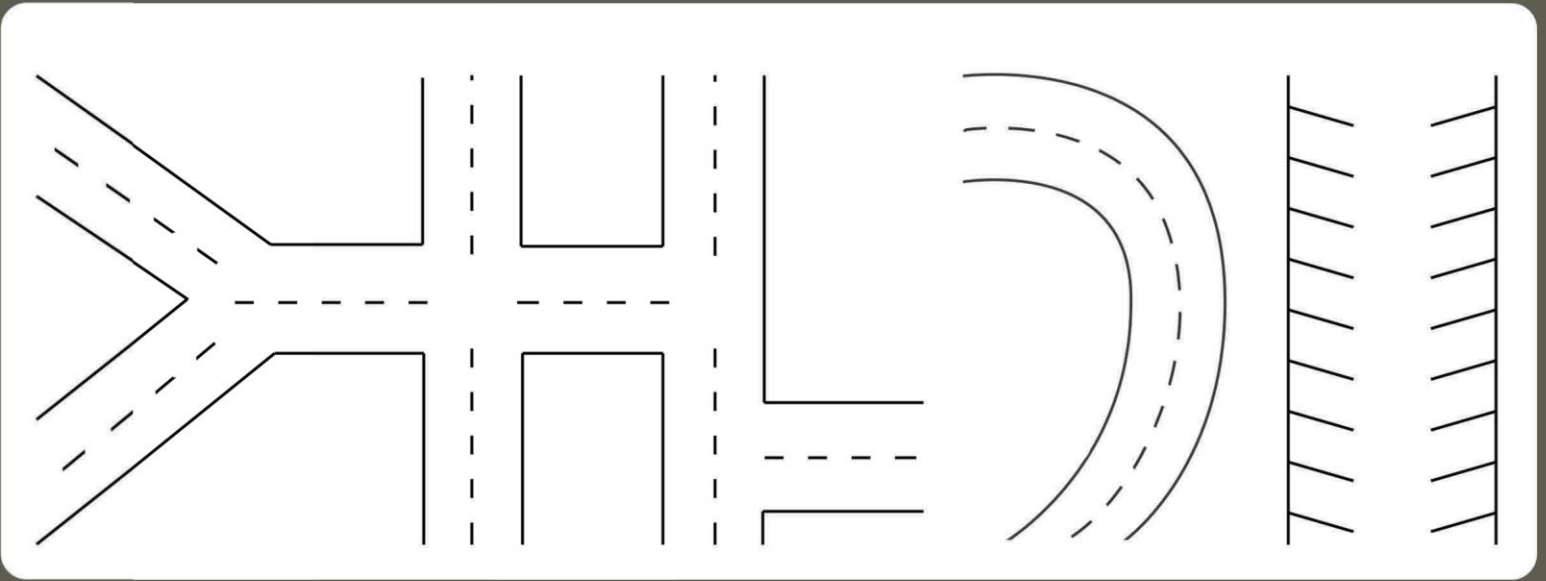
ILLUSTRATE POSITION  
OF VEHICLES AT TIME  
OF COLLISION:

INSTRUCTIONS:

① SHOW VEHICLES AS  
YOU  OTHER 

② SHOW SKID MARKS  
LABEL EACH STREET  
SHOW STOP OR SLOW SIGNS

③ INDICATE  
DIRECTIONS  
N S E W



KEEP IN GLOVE COMPARTMENT OF YOUR VEHICLE.



## WHAT TO DO IN CASE OF AN ACCIDENT

# REPORT ANY ACCIDENT TO YOUR AGENT IMMEDIATELY

- ① Keep calm.
- ② Do not argue or admit liability.
- ③ If there are injuries, immediately call 911.
- ④ Put out emergency reflectors.
- ⑤ Take photos of the accident scene, skid marks and damages to each vehicle BEFORE the vehicles are moved. If you don't have a camera, use your cellular phone to take photos.
- ⑥ Contact your supervisor immediately.
- ⑦ Record ALL accident information on this card.

# ACCIDENT NOTES

## Accident Information

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Place \_\_\_\_\_  
Weather Conditions \_\_\_\_\_  
Traffic Conditions \_\_\_\_\_

## Other Driver

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
License # \_\_\_\_\_ State \_\_\_\_\_  
Plate # \_\_\_\_\_ State \_\_\_\_\_

## Owner of Other Vehicle

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_

## Persons Injured

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Where Taken \_\_\_\_\_

## Occupants of Other Vehicle

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Insured Information

Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Insured Driver Name \_\_\_\_\_  
Year/Make/VIN \_\_\_\_\_  
Name of Reporting Party \_\_\_\_\_

## Witness 1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Witness 2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Police/Highway Patrol

Department \_\_\_\_\_  
Officer Name \_\_\_\_\_  
Badge # \_\_\_\_\_  
Case # \_\_\_\_\_  
Citations/Tickets Given  Yes  No

## ADDITIONAL NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_