

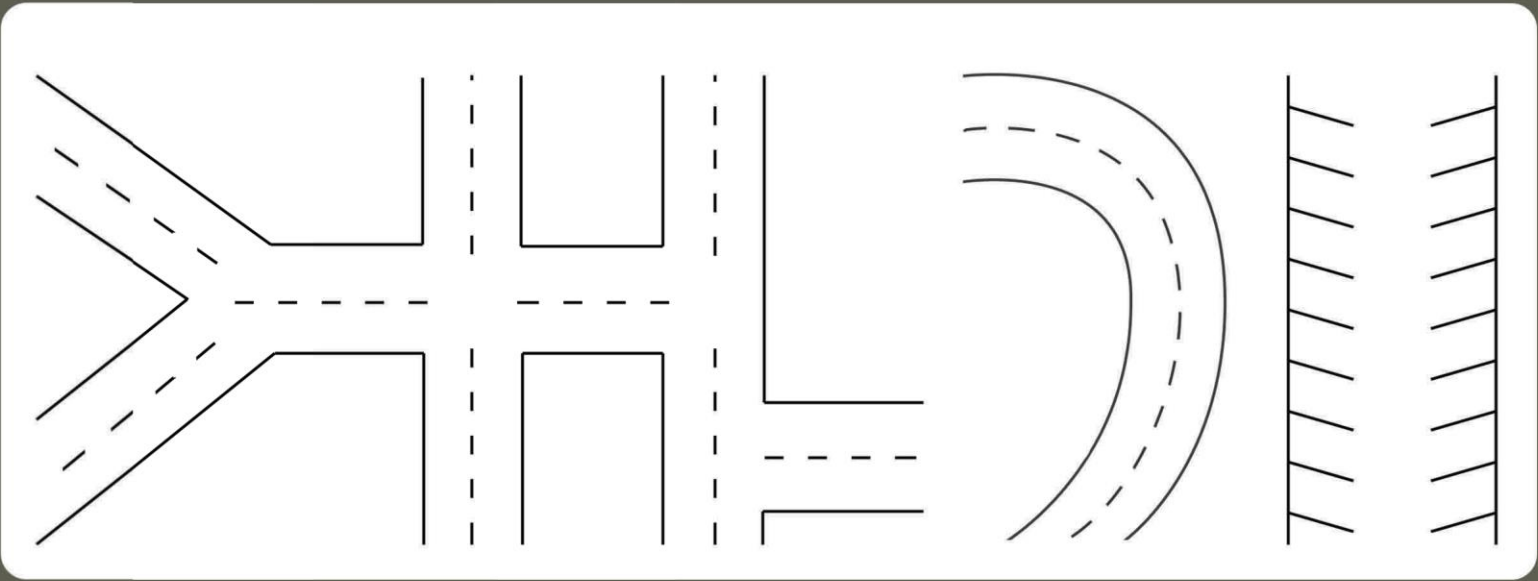
ILLUSTRATE POSITION OF VEHICLES AT TIME OF COLLISION:

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 \_\_\_\_\_

## 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

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