

# What to do after an Auto Accident:



**Step 1:** Check to confirm that you and everyone involved is safe. If there are injuries or significant damage to the vehicles or surrounding property, call the police.

**Step 2:** Gather and record or photograph details of the accident, including:

- a) The details of the other driver(s) involved - name, phone number, vehicle information and insurance information
- b) Damages to all vehicles involved
- c) Location, time and weather/road conditions
- d) Details and contact information of any witnesses, passengers and police including collision report numbers
- e) Location of vehicles following collision

**Step 3:** Avoid assuming responsibility, arguing or signing anything at the scene of the accident, including agreements with tow truck operators.

**Step 4:** Report the accident to your broker as soon as possible.

**What Happened?:**

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**Please illustrate the accident to the best of your ability:**

A diagram for illustrating an accident. It consists of a central vertical dashed line and a central horizontal solid line, intersecting at the center. From each of the four ends of these lines, a solid line extends outwards to form a square frame, creating a cross shape that divides the space into four quadrants for drawing.

## Accident Details:

Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Weather/Road Conditions: \_\_\_\_\_

Description of Damage to Your Vehicle: \_\_\_\_\_

Passengers (if any): \_\_\_\_\_

Injuries (if any): \_\_\_\_\_

Police Officer (if any): \_\_\_\_\_

Detachment: \_\_\_\_\_ Badge #: \_\_\_\_\_ Report #: \_\_\_\_\_

Tow Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address Towed To: \_\_\_\_\_

Witness(s) Name & Phone # (if any): \_\_\_\_\_

## Other Driver:

Driver Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Name (if different from driver): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year/Make/Model of Vehicle: \_\_\_\_\_

Passengers (if any): \_\_\_\_\_

Injuries (if any): \_\_\_\_\_

Description of Damage: \_\_\_\_\_

