Your Accident Fact Kit

We hope you find our **Accident Fact Kit** helpful in the event of an accident. Don't forget to keep a pen with your kit. Keep the kit in your glove box, just in case you need it. It includes:

Information Exchange (2 copies)

- Complete one of the forms and provide it to the other driver
- Have the other driver complete the other form and return it to you. You will need this information when you report your loss.

Witness Information

• Separate the form and ask any witnesses to the accident to complete the form and return it to you. You will need this information when you report your loss.

Accident Details

• This form is to help you record accident details while the incident is still fresh in your memory. You may find it helpful to think about road and weather conditions, who was in your car, and other facts. You may need this information to report your loss and refresh your recollection later.

If you have an accident, remember these tips:

Try to keep calm. Do whatever is necessary to protect your family members or passengers and your property.

Check for injuries, and get help if needed.

Do not leave the scene of an accident.

Do not admit responsibility at the accident scene or blame anyone else.

Do not discuss the scope of your insurance coverage.

Always notify law enforcement if there are injuries, death, or significant property damage related to the accident. Cooperate with law enforcement officials.

Record name, address, and phone numbers of any witnesses; a witness is someone that saw the accident but was not involved in it.

Note the date, time and location of the accident. Record details like cross streets, lane configurations, and weather conditions.

Always report theft and vandalism losses to the police.

Report all losses to us immediately.

Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

Accident Location		Date & Time						
About you								
Driver's Name								
Street Address		City & State						
Home Phone _				DOB				
Injured? Yes No Nature of Injury								
Driver's License N	umber &	State		E-mail				
Owner's Name (if	other tha	an drive	r)					
Street Address City & State								
Home Phone			Work Phone	DOB Sex 🗆		Sex MFF		
Owner's License N	Number 8	k State		E-mail				
About your vehic	le							
Year Make Model								
Vehicle ID Number								
Vehicle ID Number License & State Insurance Company Name Policy # Telephone #								
				Describe Damage to Your Vehicle				
Is Vehicle Drivable? Yes No Describe Damage to Your Vehicle								
About the passengers or pedestrians								
Name	Date Sex:		If injured, indicate nature of	Home Phone	<i>I</i>	Address		
	Birth	IVI/F	injury	Work Phone				

Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

Accident Location			Date & Time				
About you	П						
Driver's Name							
Street Address							
				Work Phone DOB Sex _			
Injured? Yes No Nature of Injury							
Driver's License N	umber &	State	E-mail				
Owner's Name (if	other th	an drivei)				
Street Address			City & State				
Home Phone _			Work Phone	DO	B Sex DMDF		
Owner's License N	lumber 8	& State		E-mail			
About your vehic	le						
Year	Mak	e		Mode	el		
Vehicle ID Number							
			Policy # Telephone #				
Is Vehicle Drivable? Yes No Describe Damage to Your Vehicle							
About the passengers or pedestrians							
Name	Date of	Sex: M/F	If injured, indicate nature of injury	Home Phone	Address		
	Birth		,,	Work Phone			

Witness Information

You should give these cards to witnesses to fill out and return to you.

Remember...a witness is someone that saw the accident, but was not involved in it.

WALC	ness Information	Card		
Your cooperation in giving	this information will help us t	to be fair to ever	yone involve	
Accident Location	Thank you.			
Date				
Did you see the accident ha	ippen?	Yes	No	
Did you see anyone hurt?	Yes	No		
Were you riding in one of th	Yes	No		
Were you a pedestrian invo	No			
Your Name				
Street Address				
City & State	zip code			
Telephone: Home	Work_	E-mail		
Wit Your cooperation in giving	ness Information this information will help us to Thank you.	Card to be fair to ever	yone involve	
Wit Your cooperation in giving Accident Location	ness Information this information will help us to Thank you.	Card to be fair to ever	yone involved	
Wit Your cooperation in giving Accident Location	ness Information this information will help us to Thank you.	Card to be fair to ever	yone involved	
Wit Your cooperation in giving Accident Location Date	ness Information this information will help us to Thank you. Time	Card to be fair to ever	yone involved	
Wit Your cooperation in giving Accident Location Date Did you see the accident ha	ness Information this information will help us to Thank you. Time	Card to be fair to ever	yone involve A.M./P.M.	
Wit Your cooperation in giving Accident Location Date Did you see the accident had bid you see anyone hurt?	ness Information This information will help us to Thank you. Time Inppen?	Card to be fair to ever	yone involve. A.M./P.MNoNo	
Wit Your cooperation in giving	ness Information This information will help us to this information will help us to the thin the thin this information will help us to the thin the thin the thin this information will help us to the thin the thin this information will help us to the thin this information will be a second w	Card to be fair to everYesYes	yone involved A.M./P.MNoNo	
Wit Your cooperation in giving Accident Location Date Did you see the accident had bid you see anyone hurt? Were you riding in one of the way of the	ness Information This information will help us to this information will help us to the thin the thin this information will help us to the thin the thin the thin this information will help us to the thin the thin this information will help us to the thin this information will be a second w	Card to be fair to ever YesYesYesYesYes	yone involve. A.M./P.M No No No No	
Your cooperation in giving Accident Location Date Did you see the accident had bid you see anyone hurt? Were you riding in one of the were you a pedestrian involved.	ness Information If this information will help us to Thank you. Time appen? The vehicles? In the accident?	Card to be fair to ever YesYesYesYes	yone involve A.M./P.MNoNoNo	
Wit Your cooperation in giving Accident Location Date Did you see the accident had bid you see anyone hurt? Were you riding in one of the were you a pedestrian involved. Your Name Street Address	ness Information This information will help us to Thank you. Time appen? The vehicles? Individual of the accident?	Card to be fair to ever YesYesYesYes	yone involved A.M./P.MNoNoNoNo	

Accident Details

Keeping accurate records regarding the incident is important. You may want to take a few minutes to complete this form while the details are still fresh. This information can be used when reporting your loss or recalling the facts later.

Who was in my car at the time of the accident?						
Make sure you have this information for all passengers:						
Name	Date	Sex	If injured, indicate nature of injury	Home Phone	Address	
	of : natur Birth M/F	nature of injury	Work Phone			
Report to authorities						
Was a police report made? Yes No If yes, how? At scene At Station Mailed						
Report number Name of police department						
Was a ticket issued? If yes, to whom?						
Conditions at the time of the accident						
Road conditions Weather conditions						
Damage to my car						
License plate # and state of the car I was driving						
Vehicle Mileage Is the vehicle drivable? ☐ Yes ☐ No						
Area and extent of damage to my vehicle:						
Use the space below to diagram what happened						
			7//		Use arrow to indicate North	