

# AUTO ACCIDENT REPORT GUIDE

## WHEN YOU'RE INVOLVED IN AN ACCIDENT:

### DO

- Set emergency signals to prevent further damage or injury.
- Secure Police assistance and request that an accident report be completed.
- Use this form to record the names, addresses, and phone numbers of the occupants of the other vehicles involved in the accident.
- Record the names, addresses, and telephone numbers of all witnesses to the accident.
- Report all the facts of the accident to Brownyard Claims Management, Inc., immediately.

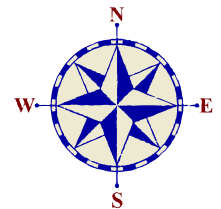
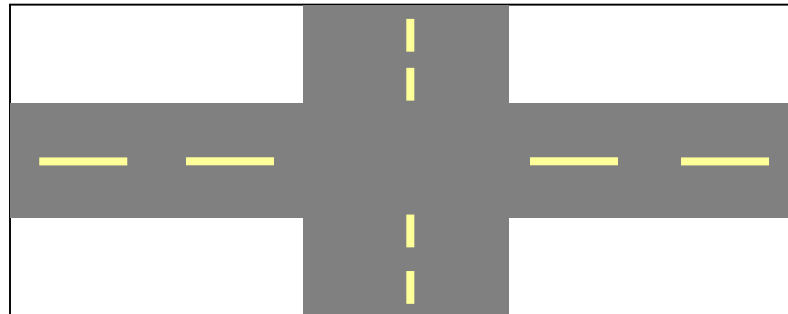
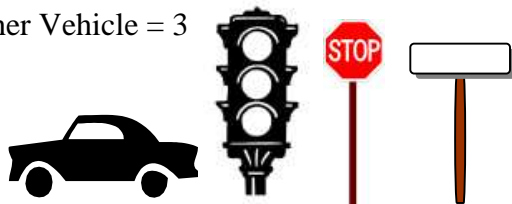
### DON'T

- Admit fault, and do not give a signed statement to the claims adjuster representing the other driver's insurance company.
- Make any preliminary agreements with the other party without getting police involvement.
- Leave the scene of the accident.
- Drive the vehicle if you feel it is unsafe.

**CALL BROWNYARD CLAIMS MANAGEMENT, INC. TOLL-FREE: 1-800-645-5820**

Draw accident showing the direction of all cars and the points of impact. Show street names and location of street signs, stop signs, traffic lights, etc.

Your Vehicle = 1  
Other Vehicle = 2  
Other Vehicle = 3



## AN EMERGENCY KIT FOR YOUR VEHICLE

*Carrying these items in your vehicle can help you through a roadside emergency*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Emergency Flares          | <input type="checkbox"/> Flashlight and Fresh Batteries | <input type="checkbox"/> Jumper Cables            | <input type="checkbox"/> Inflated Spare Tire, Jack and Lug Nut Wrench |
| <input type="checkbox"/> Clean Rags                | <input type="checkbox"/> WD-40 Oil to Loosen Lug Nuts   | <input type="checkbox"/> Windshield Sun Screen    | <input type="checkbox"/> Small Amount of Cash or Change               |
| <input type="checkbox"/> Local Maps and Road Atlas | <input type="checkbox"/> Bottled Water                  | <input type="checkbox"/> Nonperishable Food Items | <input type="checkbox"/> Wool Blanket                                 |
| <input type="checkbox"/> Tire Gauge                | <input type="checkbox"/> Screwdriver Set                | <input type="checkbox"/> First Aid Kit            | <input type="checkbox"/> Bungee Cord or Strong Rope                   |
| <input type="checkbox"/> Candles & Matches         | <input type="checkbox"/> Pens/Pencil/Marker & Paper     | <input type="checkbox"/> Disposable Camera        |   |

*In Case of an Accident, please get these facts and fill in all the blanks as completely as possible.*

**Your Vehicle**

Driver's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Vehicle Identification No. (VIN): \_\_\_\_\_  
Driver's License Number & State: \_\_\_\_\_  
Vehicle - Year/Make/Model: \_\_\_\_\_  
License Plate Number & State: \_\_\_\_\_  
Damaged Area: \_\_\_\_\_

**Accident**

Date/Time: \_\_\_\_\_ Speed Limit: \_\_\_\_\_  
Exact Location: \_\_\_\_\_  
Describe what occurred and include direction and the lane in which  
you were traveling: \_\_\_\_\_  
\_\_\_\_\_  
Weather & Road Condition: \_\_\_\_\_

**Witnesses**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
If more than one witness, secure his/her information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Police**

Name of responding Police Department: \_\_\_\_\_  
Name of Person receiving ticket: \_\_\_\_\_  
Accident Report/Case No.: \_\_\_\_\_

**Other Driver's Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver's License Number & State: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Vehicle - Year/Make/Model: \_\_\_\_\_  
License Plate Number & State: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Damage Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Injured Persons**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Nature and Extent of Injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Ambulance Called?  Yes  No  
Was anyone transported to the Hospital?  Yes  No

*Make as many copies of this form as needed.*