

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 INVISION immediately.

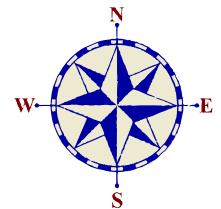
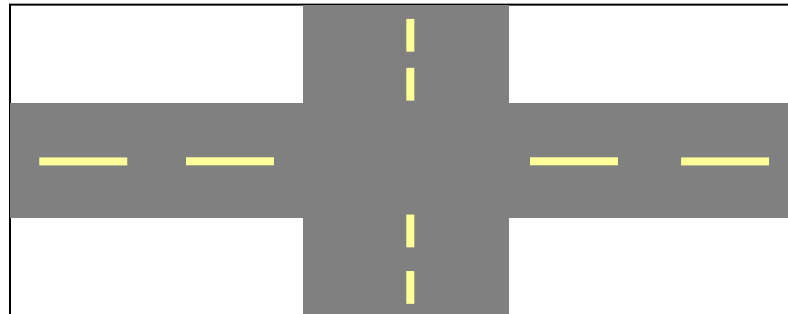
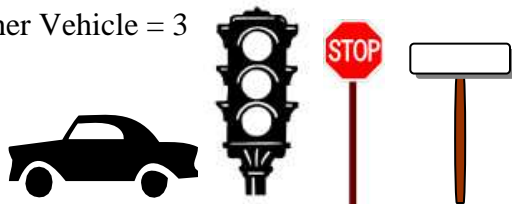
DON'T

- 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 US 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.