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.

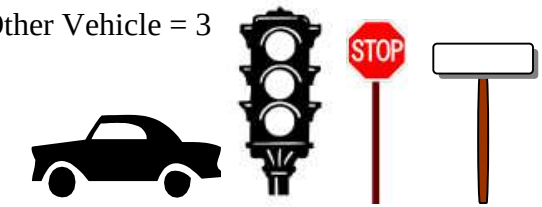
DON'T

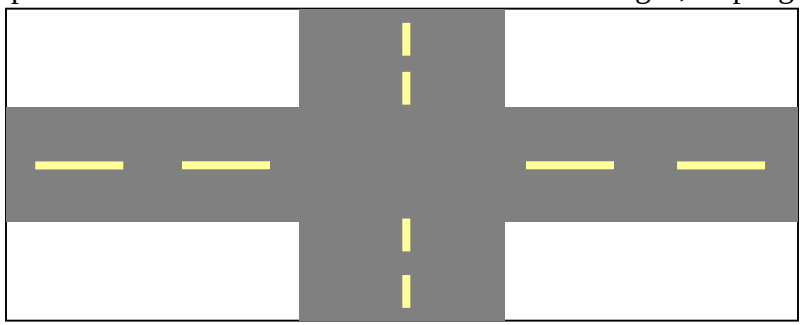
- Admit fault, and do not give a signed statement to the claims adjuster representing the other driver's insurance company.
- Make any preliminary agreements with the other party without getting police involvement.
- Leave the scene of the accident.
- Drive the vehicle if you feel it is unsafe.

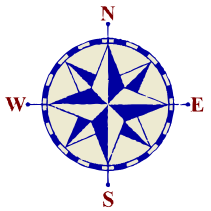
CALL BROWNYARD CLAIMS MANAGEMENT, INC. TOLL-FREE: 1-800-645-5820

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

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

Brownyard Claims Management, Inc. • 21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • (800) 645-5820 • (631) 666-5050 • Fax: (631) 665-8086

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: _____

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: _____
_____
_____

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.: _____

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.