



## ACCIDENT PROCEDURE FORM

*In the event of an accident, please contact your insurance carrier to report a claim. Ensure the other party's insurance and claim information is thoroughly documented.*

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### YOUR VEHICLE INFORMATION

DRIVER'S NAME		DOB
DRIVER'S ADDRESS		
DRIVER'S LICENSE # / STATE		VEHICLE LICENSE #
MAKE / MODEL	YEAR OF VEHICLE	ACCIDENT DATE
INSURANCE	POLICY NO.	AGENT

### YOUR PASSENGER INFORMATION

NAME	PHONE
NAME	PHONE
NAME	PHONE

### WITNESSES

NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	

### INFORMATION ABOUT OTHER VEHICLE(S)

OWNER'S NAME + ADDRESS		
DRIVER'S NAME		DOB
DRIVER'S ADDRESS + PHONE		
DRIVER'S LICENSE # / STATE		EXPIRATION
MAKE / MODEL	YEAR OF VEHICLE	VEHICLE LICENSE #
INSURANCE	POLICY NO.	AGENT
CLAIMS ADJUSTER		PHONE
CLAIM #		

### INFORMATION ABOUT OTHER VEHICLE(S)

OWNER'S NAME + ADDRESS		
DRIVER'S NAME		DOB
DRIVER'S ADDRESS + PHONE		
DRIVER'S LICENSE # / STATE		EXPIRATION
MAKE / MODEL	YEAR OF VEHICLE	VEHICLE LICENSE #
INSURANCE	POLICY NO.	AGENT
CLAIMS ADJUSTER		PHONE
CLAIM #		

## PROCEDURE IN THE EVENT OF AN ACCIDENT

### 1 SECURE THE VEHICLE

- Turn on hazard warning lights
- Set parking break
- Turn off engine
- Extinguish any fires / smoking materials

### 2 PROTECT THE ACCIDENT SCENE

- Set out emergency warning deflectors
- Move vehicle if in harm's way
- Direct traffic

### 3 AID PASSENGERS & INJURED PERSONS

- Check for injuries
- Evacuate vehicles if in danger of fire, collision or submersion

### 4 REPORT ACCIDENT OR INCIDENT & OBTAIN ASSISTANCE

- Contact emergency medical services - dial 911
- Contact fire department
- Contact police department
- Contact your risk management / insurance company
- Follow your companies' reporting procedures

### 5 REPORT / RECORD ACCIDENT FACTS & INFORMATION

- Exchange drivers license/vehicle/insurance information
- Collect witness/passenger information (use this form)
- Complete accident report form with diagram (this form)
- If camera is available, take pictures of vehicles/accident scene/injured parties (consider keeping a disposable camera in your vehicle)

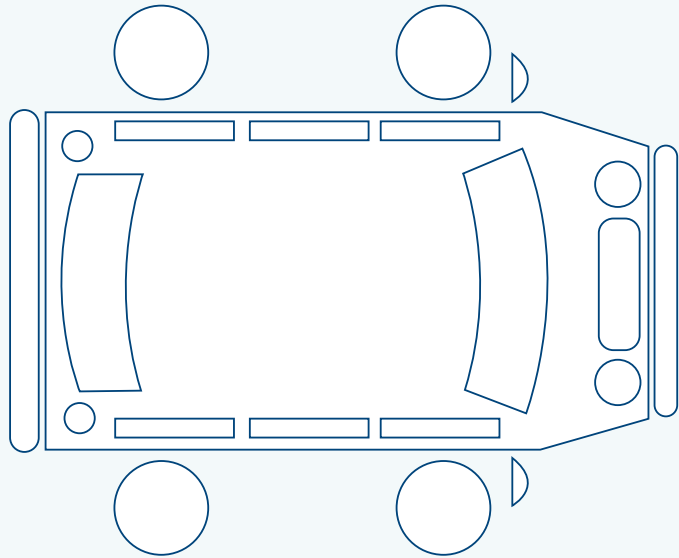
*Do not discuss accident or provide information to any unauthorized individuals, admit guilt or fault to anyone at the scene of the accident or sign any statements!*

### 6 REPORT A CLAIM

- Have your policy number ready
- **Ensure other party files claim with their carrier before leaving accident scene**
- **Document their claims adjuster name, phone and claim number**

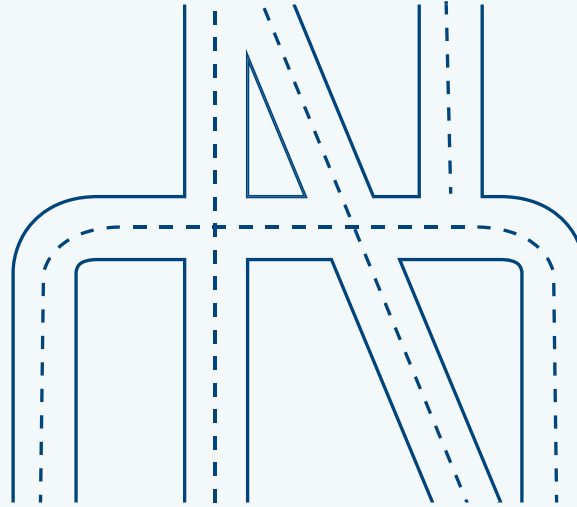
### VEHICLE DAMAGE DIAGRAM

Circle and describe damaged area(s) of your vehicle



### ACCIDENT DIAGRAM

1. Show all vehicles and their direction of travel
2. Use solid line and dotted lines to show vehicle paths before and after the accident
3. Specify locations of any pedestrians
4. Indicate traffic control devices or anything else relevant to accident



### ACCIDENT DESCRIPTION

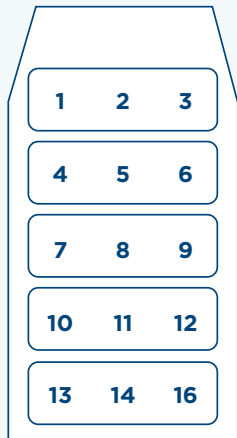
Blank area for writing the accident description.

### NOTES

Horizontal lines for taking notes.

### VAN SEATING DIAGRAM

Circle injured passenger locations and list injuries. Indicate if they were in a wheel chair (WC)



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
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14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_



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