



What to do in the event of a collision...

Although we hope it will never happen, if you are in a collision, certain procedures should be followed to keep a bad situation from getting worse.

- If car is blocking traffic or if you are directed by police to do so, move your car. Before you do so, however, make a quick note about where the vehicles made contact, where they ended up, etc., so that if there is a dispute about who was at fault, you have as much information as possible to help recreate the scene.
- Always get the identities of the witnesses. At first it may seem silly, especially if the other driver seems friendly and helpful, later, however, the other driver may recall things differently. If the witnesses have been dismissed without being identified, you may be at a loss for help.
- Always call the police. The police may or may not issue citations, and if the accident happens on private property, you may think calling them is unnecessary. Call them anyway. They can verify important information and make a record, which may be critical later.
- Gather information from the other driver. Below is the collision information form. This form provides a quick overview of the most basic information you may need. If the police do not respond or if they believe the collision is minor, then you may be asked to fill out a "blue form" and file the information with the Department of Public Safety.
- Get medical attention promptly if you need it. Do not feel embarrassed to seek help.
- Report the collision to your insurance company promptly. Most companies require you to notify them and certain coverage may be jeopardized if you do not.
- Please print out this letter and collision information form and place it in your glovebox so it will be handy and available in the event you need to use this information.

DATE _____ 20__ DAY OF WEEK _____ HOUR _____ A.M. OR P.M.

ROAD ON WHICH ACCIDENT OCCURRED _____ CONSTR. YES SPEED
ZONE NO LIMIT _____
BLOCK NO. STREET OR ROAD

COMPLETE (A) INTERSECTING STREET _____ CONSTR. YES SPEED
(A) OR BLOCK NO. STREET OR ROAD ZONE NO LIMIT _____
(B):

(B) NOT AT INTERSECTION _____ FEET _____ OF _____
N S E W show milepost or nearest street

OTHER UNIT:

YEAR MODEL _____ MAKE _____ TYPE OF VEHICLE _____ LICENSE PLATE _____
Ford, Chevy etc. sedan, pickup, etc. YEAR STATE NUMBER

OWNER _____
NAME MAILING ADDRESS CITY AND STATE ZIP

DRIVER _____
NAME MAILING ADDRESS CITY AND STATE ZIP

DRIVER'S LICENSE _____ DATE OF BIRTH _____ SEX _____ RACE _____ OCCUPATION _____
State Number White, black, etc. carpenter, doctor, etc.

NAME OF OTHER LIABILITY INSURANCE CO. _____ WITNESS: _____
POLICY NO. _____ Owner WITNESS ADDRESS _____
Driver WITNESS TELEPHONE NO. _____

AGENT'S NAME _____
AGENT'S TELEPHONE NO. _____

COLLISION INFORMATION FORM