

**-IMPORTANT ACCIDENT INFORMATION -**  
Following these steps will expedite the handling of your claim.

- |   |  |
|---|--|
| 1. STOP! Do not leave the scene                             | 5. DO NOT ADMIT FAULT!   |
| 2. Have someone call the Police immediately.                | 6. Write down the names, addresses and phone numbers of all witnesses.   |
| 3. Do not discuss the accident with anyone but the police.  | 7. Fill out the other side of this card with the information from the other driver.                                  |
| 4. Do not discuss your insurance policy limits with anyone. | 8. Call the insurance carrier as soon as possible after the accident to speed the proper reporting of your accident. |

Names of Witnesses

Phone #s of Witnesses

_____	_____
_____	_____
_____	_____
_____	_____



If you are involved in an accident, please use this card to obtain the following information from the other driver. This information is necessary for reporting an accident. For expedited service, please call the insurance carrier to report the accident. Their contact information can be found on the Auto ID Card in the glove compartment of the insured vehicle.

**YOUR DRIVER'S INFORMATION**

**KEEP THIS IN YOUR GLOVE COMPARTMENT**

Name of Driver: \_\_\_\_\_  
First Middle Last

Driver Contact #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Location of Accident: \_\_\_\_\_  
Street City State

Police Case #: \_\_\_\_\_ Police Department: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
State Number

Your Vehicle: \_\_\_\_\_  
Year Make Model Color Vin#

Description of occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OTHER DRIVER'S INFORMATION**

**KEEP THIS IN YOUR GLOVE COMPARTMENT**

Name of Other Driver: \_\_\_\_\_  
First Middle Last

Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

Driver's License: \_\_\_\_\_  
State Number

Drivers Insurance: \_\_\_\_\_  
Company Policy Number

Vehicle: \_\_\_\_\_  
Year Make Model Color License #

Vehicle Owner: \_\_\_\_\_  
First Middle Last

Owners Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Owners Address: \_\_\_\_\_  
Street City State