



## 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. \_\_\_\_\_ WITNESS ADDRESS \_\_\_\_\_  
Owner WITNESS TELEPHONE NO. \_\_\_\_\_  
Driver

AGENT'S NAME \_\_\_\_\_  
AGENT'S TELEPHONE NO. \_\_\_\_\_

## COLLISION INFORMATION FORM