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IN CASE OF A MOTOR VEHICLE ACCIDENT
Please keep this brochure in your glove compartment

Here's What to Do:

1. Take precautions necessary to protect the scene of the accident from further accidents.
2. Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.
3. Answer police questions. Give identifying information to the other party involved, but make no comments about assuming responsibility.
4. Complete the **DRIVER'S REPORT OF ACCIDENT** form in this envelope. You will need the information later for state and insurance reports.
5. As soon as possible, report the accident to your insurance carrier.

CSS – DRIVER'S REPORT OF ACCIDENT – Page 1

I. GET NAMES & LICENSE NUMBERS

YOUR INFORMATION (VEHICLE NO. 1)

Your full name:		Your age:	Your sex: <input type="checkbox"/> male <input type="checkbox"/> female
Your full address:			
Your phone (day):	Your phone (evening):	Your driver's license #:	
Your e-mail address:			
License number:	Year:	State:	
Vehicle owner:		Year & make of vehicle:	
Vehicle owner's full address:			
Vehicle owner's phone (day):	Vehicle owner's phone (evening):		
Insurance company:			
Policy number:		Insurance term:	

OTHER VEHICLE (NO. 2)

Driver's full name:		Age:	Your sex: <input type="checkbox"/> male <input type="checkbox"/> female
Full address:			
Phone (day):	Phone (evening):	Driver's license #:	
E-mail address:			
License number:	Year:	State:	
Vehicle owner:		Year & make of vehicle:	
Vehicle owner's full address:			
Vehicle owner's phone (day):	Vehicle owner's phone (evening):		
Insurance company:			
Policy number:		Insurance term:	

ADDITIONAL VEHICLES (USE PAGE 6)

II. GET NAMES OF WITNESSES

WITNESS 1

Full name:		Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Full address:			
Phone (day):		Phone (evening):	
E-mail address:			

WITNESS 2

Full name:		Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Full address:			
Phone (day):		Phone (evening):	
E-mail address:			

OTHER WITNESSES (USE PAGE 6)

POLICE

Officer's name:	Badge number:
Station:	
Phone:	Report number:

III. GET NAMES OF ALL OCCUPANTS

CAR OCCUPANT 1

Car number:	Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full name:	Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Full address:		
Phone (day):	Phone (evening):	
E-mail address:	Taken to:	

III. GET NAMES OF ALL OCCUPANTS (CONTINUED)

CAR OCCUPANT 2

Car number:		Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full name:		Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Full address:			
Phone (day):		Phone (evening):	
E-mail address:		Taken to:	

ADDITIONAL CAR OCCUPANTS (USE PAGE 6)

IV. GET THE DETAILS

DETAILS

Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	State:
Location:		
Streets:		
Your speed (in mph):	Other vehicle speed (in mph):	

VEHICLE DAMAGE

Yours:
Other:

DESCRIBE WHAT HAPPENED (USE PAGE 6 FOR MORE ROOM)

Citation (Ticket) given to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citation (Ticket) given to other driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IV. GET THE DETAILS (CONTINUED)

ROAD CHARACTER (Check two)

- Straight road
- Curve
- Level
- On grade
- Hillcrest

ROAD SURFACE (Check one)

- Dry
- Wet
- Muddy
- Snowy
- Icy

ROAD DEFECTS (Check one or more)

- Defective shoulders
- Holes, deep ruts, bumps
- Loose materials on surface
- Other (please specify):

- No defects

TRAFFIC CONTROL (Check one or more)

- Stop Sign
- Stop-and-go signal
- Officer or flagman
- Other (please specify):

- No traffic control present

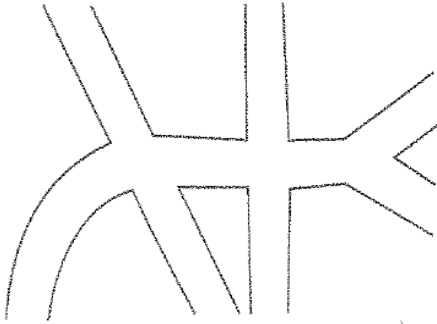
LIGHT (Check one)

- Daylight
- Dusk
- Dawn
- Darkness – street lighted
- Darkness – street not lighted

WEATHER (Check one)

- Clear
- Raining
- Snowing
- Fog
- Other (please specify):

V. DRAW A SKETCH



Show names of highways, points of compass (N, E, S, W) and direction of vehicles involved.

Designate your car thus:  →

Other vehicle:  →

VI. ADDITIONAL INFORMATION