



# C. T. Lowndes & Company

## Auto Accident Guide

**Accident's happen—even to the most careful drivers.** Knowing what to do when an accident happens will help you to remain calm and in control. Review this guide, print it, and keep it in your glove compartment in the event of an accident.

### Accident Checklist:

- Get help for the injured.
- Call the police. Remain at the scene of the accident
- If the vehicles are drivable, take a photo of the scene, then remove the vehicles from the flow of traffic to the side of the roadway or a nearby parking lot.
- If the vehicles are un-drivable, warn oncoming traffic. Set hazard lights.
- Try to remain calm.
- Do not admit fault.
- Exchange names, addresses, phone numbers, makes of vehicles, license numbers and insurance company/policy number information with all drivers involved in the accident.
- Get names, addresses, and phone numbers of all passengers and witnesses.
- Sketch the accident. To assist you, use the form on the last page of this guide.
- Examine and record damage to other vehicles and property. Use your mobile phone/camera to take pictures of the scene and damage before the vehicles are moved if possible.
- Do not discuss the accident. Only answer questions asked by police and your insurance agent.
- The same goes for signing documents.
- Call your insurance company directly to report the claim. Call from the accident site if possible.

### Emergency Checklist:

Items you should have in your emergency kit in your vehicle...

- Blanket
- Non-perishable food
- Note pad
- Pen or pencil
- Flares or emergency triangle
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First-aid supplies
- Paper towels
- Mobile phone charger

### My Insurance Info

My insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Claims reporting number \_\_\_\_\_

## Accident Facts

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

City \_\_\_\_\_

Where did the accident occur?  
\_\_\_\_\_  
\_\_\_\_\_

Condition of the road?  
\_\_\_\_\_  
\_\_\_\_\_

Weather \_\_\_\_\_

What direction were you going?  
\_\_\_\_\_

Speed? \_\_\_\_\_

Did police take a report?  
\_\_\_\_\_

Responding police department  
\_\_\_\_\_  
\_\_\_\_\_

Case Number \_\_\_\_\_

How did it happen?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Vehicle

Owner's Name \_\_\_\_\_

Insured by \_\_\_\_\_

Policy number \_\_\_\_\_

Vehicle license plate number \_\_\_\_\_

Day phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Owner's driver's license number \_\_\_\_\_

Birthdate \_\_\_\_\_

Driver's name (if other than owner)  
\_\_\_\_\_  
\_\_\_\_\_

Day phone \_\_\_\_\_

Evening phone \_\_\_\_\_

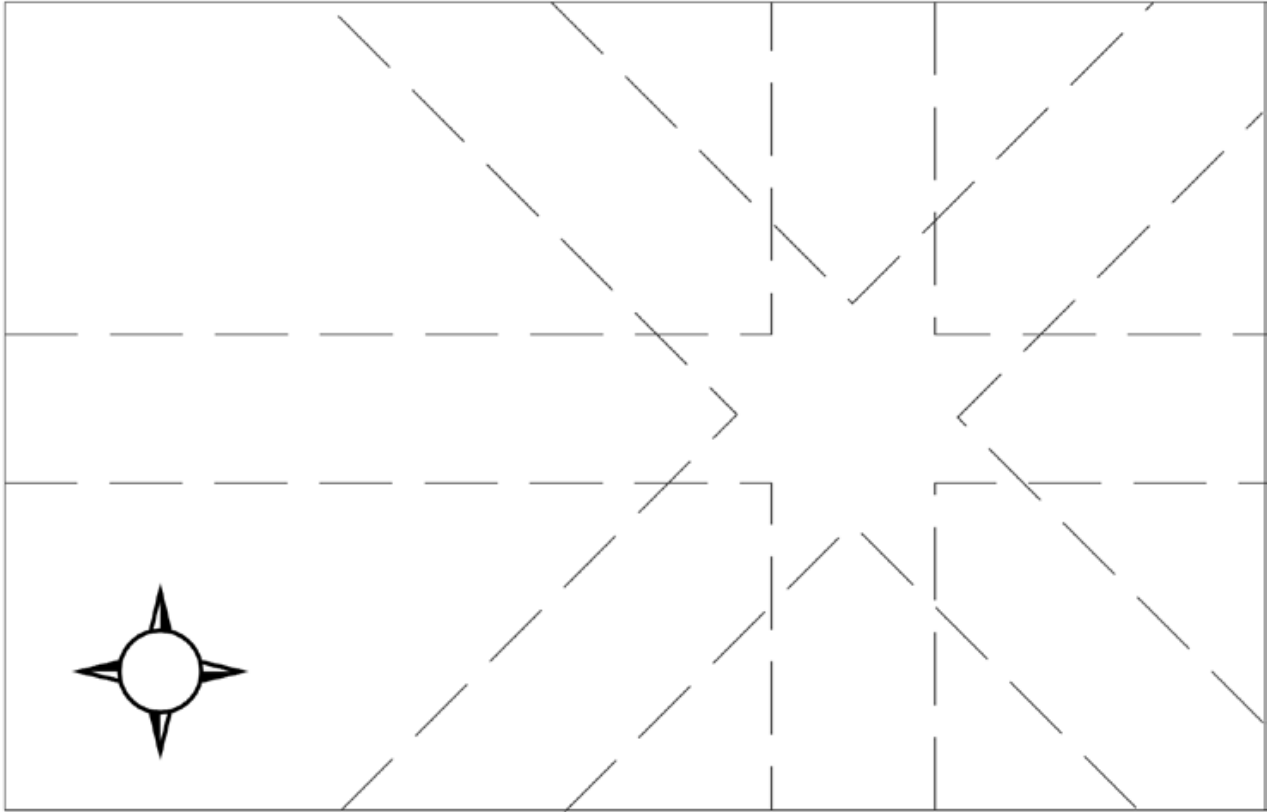
Driver's license number \_\_\_\_\_

Damaged part of vehicle  
\_\_\_\_\_  
\_\_\_\_\_

## Damage to Your Vehicle

Damaged part of vehicle  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sketch the accident



Indicate the directions on the above diagram using arrows. Show vehicles



**Additional Notes:**

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