

What To Do

WHEN YOU HAVE AN ACCIDENT



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1. **DO** protect yourself, your passengers, your car and your property from further damage.
2. **DO** call the police if there are injuries, extensive damage, your car is stolen, or you need help.
3. **DO** fill out this information card while you're still at the accident scene. It will help you later, when you may not be able to remember everything.
4. **DO** report the claim to us or your insurance company as soon as possible.
5. **DON'T** accept responsibility for the accident.
6. **DON'T** sign anything unless it's authorized by your insurance company (or the police statement.)

FILL IN AS MUCH INFORMATION AS YOU CAN

OTHER VEHICLE INVOLVED

MAKE / MODEL _____ YEAR _____

LICENSE PLATE # _____ STATE _____

DRIVER'S NAME _____

ADDRESS _____

PHONE _____

OWNER'S NAME _____

ADDRESS _____

PHONE _____

DESCRIBE DAMAGE _____

INSURANCE COMPANY _____

POLICY # _____

WITNESS OCCUPANT

NAME _____

ADDRESS _____

PHONE _____

INJURED PERSON

NAME _____

ADDRESS _____

PHONE _____

TYPE OF INJURIES _____

SEAT BELT USED? YES NO _____

NAME OF HOSPITAL _____

WITNESS OCCUPANT

NAME _____

ADDRESS _____

PHONE _____

INJURED PERSON

NAME _____

ADDRESS _____

PHONE _____

TYPE OF INJURIES _____

SEAT BELT USED? YES NO _____

NAME OF HOSPITAL _____

POLICE INVESTIGATION? YES NO _____

POLICE DEPARTMENT _____

OFFICER'S NAME _____

ID NO. _____

DEPARTMENT LOCATION _____

INCIDENT # _____

PROPERTY DAMAGE OTHER THAN TO YOUR VEHICLE (MAILBOX, FENCE, BUILDINGS, etc.)

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

DESCRIBE DAMAGE _____

DATE | TIME | PLACE OF ACCIDENT

DATE _____ TIME _____ AM PM _____

STATE _____ COUNTY _____

CITY _____

STREET _____

AT OR NEAR _____

YOUR ACCOUNT OF THE ACCIDENT

How fast was your vehicle going at the time of the accident? _____

What was the speed of the other vehicle? _____

How did the accident happen? _____

Draw a diagram on the other side of this page. >>>