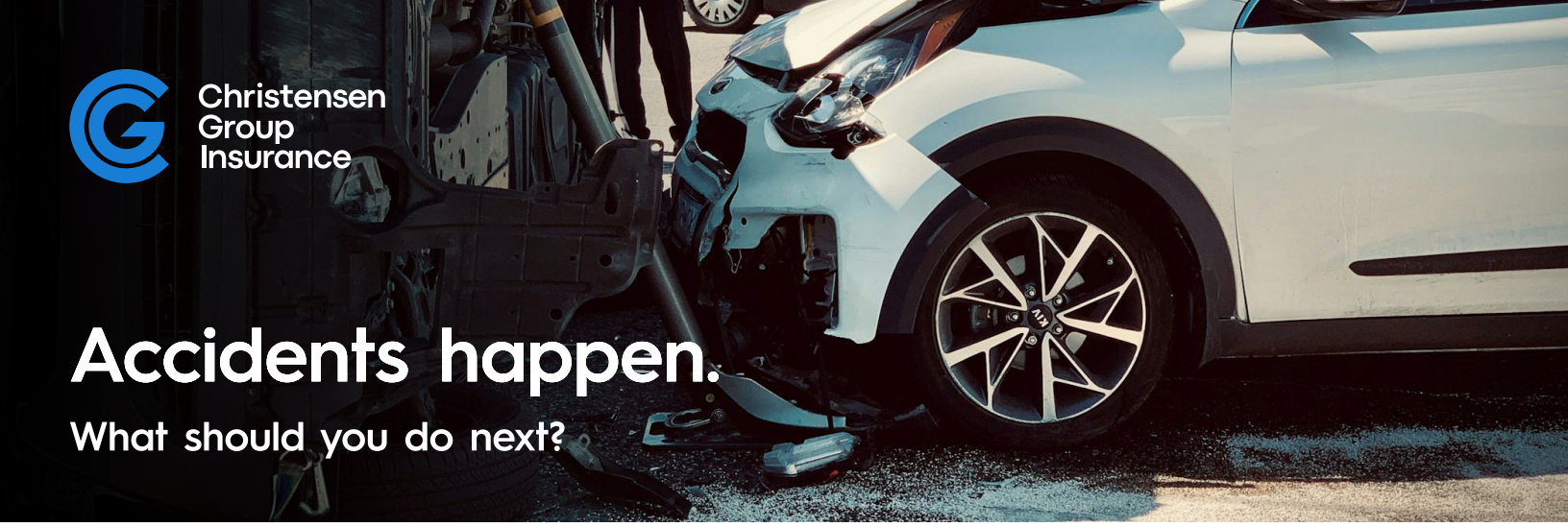


Christensen Group Insurance

# Accidents happen.

## What should you do next?

### Driver's Accident Instructions

Keep a copy of these instructions and a blank accident report in your vehicle at all times. Use this guide to help protect everyone involved, document important details, and report an accident properly.

A Driver's Report of Automobile Accident form is included on Page 2 of this document.

### Ensure Safety & Report the Accident

- Move to a safe location immediately, if possible, and activate your hazard signal.
- Call emergency services immediately, especially if anyone is injured or the scene is unsafe.
- Remain calm at all times. Cooperate fully with law enforcement. Never argue, and never admit fault — to anyone.

### Document the Accident

- Complete the Driver's Report of Automobile Accident Form.
- Record witness contact information and license plate numbers.
- Document road conditions, speed limits, traffic signals, weather, and lighting. Write these down on scene.
- Obtain the responding officer's name and report number.
- Request a copy of the police report before you depart or note how to obtain it.
- Photograph and document all damage to every vehicle involved. Capture wide shots and close-ups.
- Check for nearby surveillance cameras (retail stores, residences, intersections, gas stations) and note their locations.

### Report & Follow Up

- Forward the completed Driver's Report of Automobile Accident form directly to Christensen Group Insurance or your insurance carrier.
- Discuss accident details only with your insurance agent, insurance company, law enforcement, or a verified insurance representative — unless the law requires otherwise.
- Review every document carefully before signing. Consult your insurer whenever anything is unclear. Never sign what you do not understand.

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800.923.4088

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# Driver's Report of Automobile Accident

Date of Accident: _____ Day of Week: _____ Time: _____

Location - Street(s): _____ _____ City: _____ State: _____

Police at the Scene? ___Yes ____No Police Report Made? __ Yes ____ No_____ Report #: _____

Traffic Violations by You: _____ By Other Driver: _____

## Your Vehicle

Driver: _____

Home Phone _____ Work Phone: _____

Address: _____

Name of Person Insured (if not driver) _____

Vehicle: _____ Year: _____ Make: _____

Model: _____ VIN: _____

Type of Damage: _____

Estimated Cost: _____

Insurance Agency: _____

Policy #: _____

## List all occupants of other vehicle(s):

1. Name: _____ Phone: _____

   Injured? ___Yes ____ No

   If Yes, describe: _____

   _____

2. Name: _____ Phone: _____

   Injured? ___Yes ____ No

   If Yes, describe: _____

   _____

3. Name: _____ Phone: _____

   Injured? ___Yes ____ No

   If Yes, describe: _____

## Names & Address of Witness(es):

1. Name: _____

   Address: _____

   Phone: _____

2. Name: _____

   Address: _____

   Phone: _____

## Other Property Damage:

1. Name: _____

   Address: _____

   Nature & Extent: _____

2. Name: _____

   Address: _____

   Nature & Extent: _____

3. Name: _____

   Address: _____

   Nature & Extent: _____

## Other Vehicle

Driver: _____

Home Phone: _____ Work Phone: _____

Address: _____

Driver's License #: _____ State: _____

Vehicle: _____ Year: _____ Make: _____

Model: _____ VIN: _____

Type of Damage: _____

Estimated Cost: _____

Insurance Agency: _____

Policy #: _____

## Description of Accident

Weather: _____ Condition of Roads: _____

Type of Road Surface: _____ Lighting at Scene: _____

Traffic Control: _____

Your Direction of Travel: _____ Speed: _____

Other Driver's Direction of Travel: _____ Speed: _____

**Position of cars before accident**

Yours: _____

Other vehicle: _____

**Position of cars after accident**

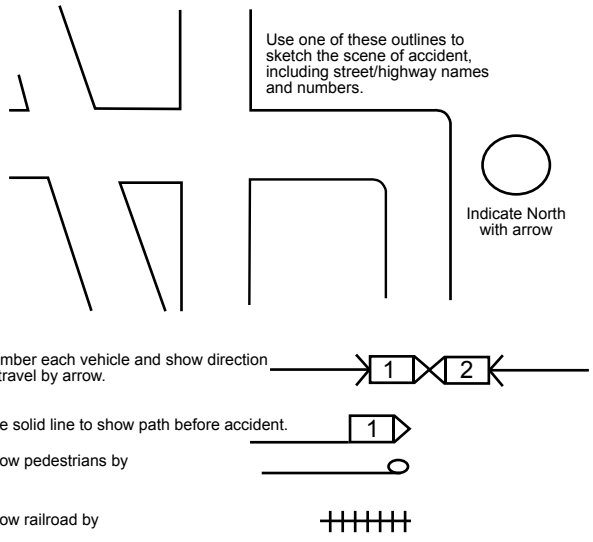
Yours: _____

Other vehicle: _____

Point of impact on your vehicle: _____

Other vehicle: _____

**Brief Description of Accident** (use diagram):




Witness Signature: Date: Driver's Signature: Date: