

## Your Accident Fact Kit

We hope you find our **Accident Fact Kit** helpful in the event of an accident. Please be sure to print multiple copies and keep them in the glove compartment of your vehicle in the event of an accident. Don't forget to keep a pen with your kit. Keep the kit in your glove box, just in case you need it. The kit includes:

### Information Exchange (2 copies)

- Complete one of the forms and provide it to the other driver.
- Have the other driver complete the other form and return it to you. You will need this information when you report your loss.

### Witness Information

- Separate the form and ask any witnesses to the accident to complete the form and return it to you. You will need this information when you report your loss.

### Accident Details

- This form is to help you record accident details while the incident is still fresh in your memory. You may find it helpful to think about road and weather conditions, who was in your car, and other facts. You may need this information to report your loss and refresh your recollection later.

### If you have an accident, remember these tips:

- **Try to keep calm.** Do whatever is necessary to protect your family members or passengers and your property.
- **Check for injuries,** and get help if needed.
- **Do not leave the scene** of an accident.
- **Do not admit responsibility** at the accident scene or blame anyone else.
- **Do not discuss the scope of your insurance coverage.**
- **Always notify law enforcement** if there are injuries, death, or significant property damage related to the accident. Cooperate with law enforcement officials.
- **Record name, address, and phone numbers of any witnesses;** a witness is someone that saw the accident but was not involved in it.
- **Note the date, time and location** of the accident. Record details like cross streets, lane configurations and weather conditions.
- **Always report theft and vandalism issues** to the police.
- **Report all losses to us immediately.**

Call **Encompass Claim Service** at **1-800-588-7400** to report losses.

**Drive Safely!**

## Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. **Seek information from police regarding injured parties.**

Accident Location \_\_\_\_\_ Date & Time \_\_\_\_\_

### About you:

**Driver's Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ DOB \_\_\_\_\_ Sex  M  F

Injured?  Yes  No Nature of Injury \_\_\_\_\_

Driver's License Number & State \_\_\_\_\_ E-mail \_\_\_\_\_

**Owner's Name** (if other than driver) \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ DOB \_\_\_\_\_ Sex  M  F

Owner's License Number & State \_\_\_\_\_ E-mail \_\_\_\_\_

### About your vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle ID Number \_\_\_\_\_ License & State \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Telephone # \_\_\_\_\_

Is Vehicle Drivable?  Yes  No Described Damage to Your Vehicle \_\_\_\_\_

### About the passengers or pedestrians:

Name	Date of Birth	Sex: M/F	If injured, indicate nature of injury	Home Phone Work Phone	Address

## Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. **Seek information from police regarding injured parties.**

Accident Location \_\_\_\_\_ Date & Time \_\_\_\_\_

### About you:

**Driver's Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ DOB \_\_\_\_\_ Sex  M  F

Injured?  Yes  No Nature of Injury \_\_\_\_\_

Driver's License Number & State \_\_\_\_\_ E-mail \_\_\_\_\_

**Owner's Name** (if other than driver) \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ DOB \_\_\_\_\_ Sex  M  F

Owner's License Number & State \_\_\_\_\_ E-mail \_\_\_\_\_

### About your vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle ID Number \_\_\_\_\_ License & State \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Telephone # \_\_\_\_\_

Is Vehicle Drivable?  Yes  No Described Damage to Your Vehicle \_\_\_\_\_

### About the passengers or pedestrians:

Name	Date of Birth	Sex: M/F	If injured, indicate nature of injury	<u>Home Phone</u> <u>Work Phone</u>	Address

## Witness Information

You should give these cards to witnesses to fill out and return to you. **Remember. . . a witness is someone that saw the accident, but was not involved in it.**

**Witness Information Card**

Your cooperation in providing this information will help us to be fair to everyone involved.  
Thank you.

Accident Location \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M.

Did you see the accident happen?  Yes  No

Did you see anyone hurt?  Yes  No

Were you riding in one of the vehicles?  Yes  No

Were you a pedestrian involved in the accident?  Yes  No

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

**Witness Information Card**

Your cooperation in providing this information will help us to be fair to everyone involved.  
Thank you.

Accident Location \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M.

Did you see the accident happen?  Yes  No

Did you see anyone hurt?  Yes  No

Were you riding in one of the vehicles?  Yes  No

Were you a pedestrian involved in the accident?  Yes  No

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

## Accident Details

Keeping accurate records regarding the incident is important. You may want to take a few minutes to complete this form while the details are still fresh. This information can be used when reporting your loss or recalling the facts later.

### Who was in my car at the time of the accident?

Make sure you have this information for all passengers:

Name	Date of Birth	Sex: M/F	If injured, indicate nature of injury	Home Phone Work Phone	Address

### Report to authorities:

Was a police report made?  Yes  No If yes, how?  At Scene  At Station  Mailed

Report number \_\_\_\_\_ Name of police department \_\_\_\_\_

Was a ticket issued?  Yes  No If yes, to whom? \_\_\_\_\_

### Conditions at the time of the accident:

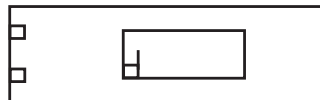
Road conditions \_\_\_\_\_ Weather conditions \_\_\_\_\_

### Damage to my car:

License plate # and state of the car I was driving \_\_\_\_\_

Vehicle mileage \_\_\_\_\_ Is the vehicle drivable?  Yes  No

Area and extent of damage to my vehicle:



### Use the space below to diagram what happened:

Use arrow to indicate North

