



DRIVER'S ACCIDENT REPORTING KIT
KEEP THIS ENVELOPE IN YOUR VEHICLE
FOR USE WHEN IN AN ACCIDENT

FIRST -

- Stop immediately and determine if there is damage to your vehicle or to another vehicle(s). If possible, avoid obstructing traffic.
- Place emergency flags or flares along the roadside preceding the accident site.
- Contact the appropriate medical personnel as soon as possible.
- Direct someone to contact the local law enforcement agency; or, if possible, call them yourself.
- Notify your employer of the accident as soon as possible.

SECOND -

- Obtain the names, addresses, and phone numbers for the following:
 1. Driver and occupants of each vehicle
 2. Any injured parties
 3. Any witnesses not involved in the accident
- If a camera is available, take photographs of the following:
 1. Overview of the accident scene from your direction of travel
 2. Vehicle positions after the accident
 3. Damaged areas of each vehicle involved and license plates
- Complete the enclosed Auto Accident Report Form and submit it to your employer.
- Promptly contact your agent to report the accident.

IMPORTANT-

- Do not make or give a statement to anyone except:
 1. A law enforcement officer
 2. A representative from your employer
 3. A claims representative from your insurance carrier
- Do not make any settlements with anyone, and do not argue about the accident or who is at fault for the accident.
- Do not offer to make any payments.
- If the accident involved an unattended vehicle or fixed object, take reasonable steps to locate and notify the owner. If the owner cannot be found, leave a notice in a conspicuous place on the vehicle or object, listing your name and address, the name of your employer, and the phone number for your employer.

Report all claims to the Oakbridge Claims Department
(478) 250-9988
claims@oakbridgeinsurance.com

AUTOMOBILE LOSS REPORTING CRITERIA

It is important that all claims are reported to us AT ONCE!

Every incident involving an automobile, regardless of the driver's or insured's assessment of fault, should be reported to your agent with as complete information as possible including names, addresses, and phone numbers of all involved parties and witnesses.

SOME IMPORTANT THINGS TO REMEMBER WHEN REPORTING A CLAIM

1. Complete the enclosed Auto Accident Report on all automobile claims.
2. Notify your agent immediately if you are served with a legal summons or suit papers.
3. **DO NOT ADMIT FAULT OR SIGN ANYTHING EXCEPT A TRAFFIC CITATION** until you have consulted with your agent.

NOTE: This publication is not a part of your policy. The information contained in this publication is provided for informational purposes only and does not attempt to identify all potential hazards or remedial actions. The information provided is only to assist you in your compliance and loss control efforts. Your agent shall not be liable for any loss, death, damage, or expense arising out of the use of the suggested loss control measures. Your agent makes no representations and provides no legal advice regarding federal or state requirements. There may be additional federal and state requirements with which you are required to comply that are not contained in this material. You are solely responsible for complying with federal and state laws, including compliance with any changes in the law, and for the safety of your operations. If you have questions or concerns regarding legal compliance please consult your legal advisor.

DRIVER INFORMATIONName (*First, Middle, Last*)

Telephone No.

Address

Vehicle Year

Vehicle Make

Vehicle Model

VIN No. (Identification)

Description of Damage

Any Passengers? ☐ Yes ☐ No If "Yes," list below:

Name

Address

Telephone No.

Name

Address

Telephone No.

Name

Address

Telephone No.

OTHER PARTY INFORMATIONName (*First, Middle, Last*)

Telephone No.

Address

Driver's License Number & State

Expiration

Date of Birth

Name of Insured

Insurance Company or Agency

Policy Number

Policy Expiration Date

Vehicle Year

Vehicle Make

Vehicle Model

VIN No. (Identification)

Description of Damage

Any Passengers? ☐ Yes ☐ No If "Yes," list below:

Name

Address

Telephone No.

Name

Address

Telephone No.

Name

Address

Telephone No.

LOCATION OF ACCIDENT

Street Address and Intersection

City

State

Zip

POLICE INFORMATION

Policy Agency: ☐ Hwy Patrol ☐ City PD ☐ Sheriff's Office ☐ Other (List) _____

Case Number:

Anyone injured?

☐ Yes ☐ No

Ticket issued?

☐ Yes ☐ No

To whom?

LOCATION

- ☐ Intersection
☐ Parking Lot
☐ Rural Road
☐ Residential Road
☐ Highway
☐ Other

ROAD

- ☐ Dry
☐ Wet
☐ Snow/Ice
☐ Under Repair
☐ Unpaved
☐ Other

WEATHER

- ☐ Clear
☐ Raining
☐ Snowing
☐ Fog
☐ Other

LIGHT

- ☐ Day
☐ Sunset
☐ Dark
☐ Street Light
☐ Dawn
☐ Other

ACCIDENT SEVERITY: INSURED DRIVER

- ☐ No Injuries
☐ Bruises, No Broken Bones
☐ Broken Bones, Nonlife Threatening
☐ Life Threatening
☐ Death

CITATIONS: INSURED DRIVER

- ☐ None
☐ Unknown
☐ Reckless Driving
☐ Speeding
☐ Other
- ☐ Ran Red Light
☐ Illegal Turn
☐ Fail To Yield

ACCIDENT SEVERITY: OTHER DRIVER

- ☐ No Injuries
☐ Bruises, No Broken Bones
☐ Broken Bones, Nonlife Threatening
☐ Life Threatening
☐ Death

CITATIONS: INSURED DRIVER

- ☐ None
☐ Unknown
☐ Reckless Driving
☐ Speeding
☐ Other
- ☐ Ran Red Light
☐ Illegal Turn
☐ Fail To Yield

Headlights on? Your Vehicle: ☐ Yes ☐ No Other Vehicle: ☐ Yes ☐ No

ACCIDENT DESCRIPTION:

Passenger/Witness Name:

Address:

Phone No.

()

Passenger/Witness Name:

Address:

Phone No.

()

Passenger/Witness Name:

Address:

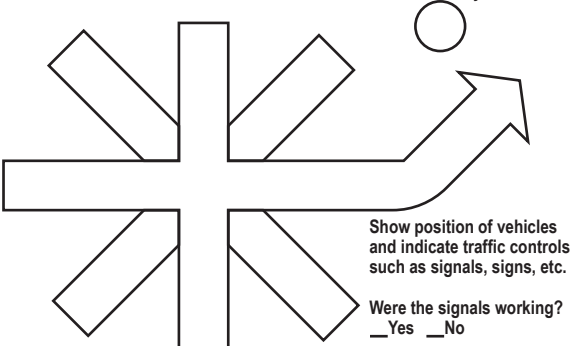
Phone No.

()

ACCIDENT DIAGRAM:

INDICATE ON THIS DIAGRAM WHAT HAPPENED:

Indicate north by an arrow



Show position of vehicles and indicate traffic controls such as signals, signs, etc.

Were the signals working?
_Yes _No

Key

1 - Insured; 1 = Other Vehicle; 2 = Other Vehicle