

**WHAT TO DO
IN CASE OF AN ACCIDENT**

1. **STOP IMMEDIATELY** and give assistance to involved parties.
2. **IF SOMEONE IS HURT**, obtain appropriate medical attention (i.e., call an ambulance).
3. **CALL THE POLICE** to assist and investigate the accident.
4. **EXCHANGE DRIVER, VEHICLE AND INSURANCE INFORMATION** with involved parties.
5. **COMPLETE THIS FORM AT THE ACCIDENT SCENE.** Fill in all information requested.
6. **DO NOT DISCUSS THE ACCIDENT FACTS** with anyone except the police, your insurance agent or a properly identified representative of your insurance company.
7. **DO NOT ADMIT OR DISCUSS FAULT** for the accident.
8. **IF YOU HAVE A CELL PHONE**, take pictures.
9. **REPORT THE ACCIDENT TO YOUR INSURANCE AGENT OR INSURANCE COMPANY** as soon as possible.

THE ACCIDENT

Date _____ Hour _____ AM PM

Location:

Street Address _____

City and State _____

Driving which way? _____

Were your lights on? Yes No

Condition of weather

Road conditions

Describe how the accident occurred

Univision Insurance

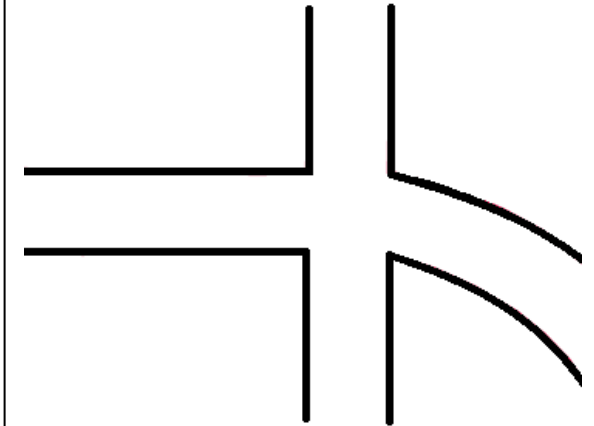
4920 Lankershim Blvd,

North Hollywood, CA 91601

www.InsuranceUnivision.com

DIAGRAM OF ACCIDENT

Show names of streets, and also directions in which vehicles were going, indicate clearly by N., S., E. or W.



POLICE INFORMATION

Name of Police Department

Name of Officer _____

Accident Report No. _____

Citation Issued? Yes No

If yes, against whom?

Your Policy #

Your Claim #

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INFORMATION OF OTHER PARTY INVOLVED

Name of Driver _____

Address _____

Telephone Number _____

Driver's License No. _____

Make and Year of Vehicle _____

Vehicle License Plate _____

Describe Damages _____

Insurance Co. Name and Policy No. _____

Pictures Taken: Yes No

Bodily Injury Sustained: Yes No

If so explain _____

INFORMATION OF OTHER PARTY INVOLVED

Name of Driver _____

Address _____

Telephone Number _____

Driver's License No. _____

Make and Year of Vehicle _____

Vehicle License Plate _____

Describe Damages _____

Insurance Co. Name and Policy No. _____

Pictures Taken: Yes No

Bodily Injury Sustained: Yes No

If so explain _____

WITNESSES

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

ADDITIONAL NOTES

