



Accident Fact Kit

We hope you find your **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 the 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 the 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 immediately at [1-866-391-9675 \(YORK\)](tel:1-866-391-9675).



Accident Fact Kit

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 injuries parties.**

Accident Location: _____

Date: _____

About you:

Driver's Name: _____

Street Address: _____ City & State: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: M F

Injured? Yes No

Nature of Injury: _____

Driver's License Number & State: _____

Email: _____



Accident Fact Kit

Information Exchange Continued:

Owner's Name (if other than driver): _____

Street Address: _____ City & State: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: M F

Driver's License Number & State: _____

Email: _____

About your vehicle:

Make: _____ Model: _____ Year: _____

Vehicle ID Number: _____

License & State: _____

Insurance Company Name: _____

Policy Number: _____ Telephone Number: _____

Is Vehicle Drivable: Yes No

Describe Damage to Your Vehicle: _____



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About the passengers or pedestrians:

Name	Date of Birth	Sex: M/F	If injured, nature of injury	Home/Work Phone	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: _____ AM/PM

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: _____

Telephone - Home: _____ Work: _____

Email: _____

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Date: _____ Time: _____ AM/PM

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: _____

Telephone - Home: _____ Work: _____

Email: _____



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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: _____

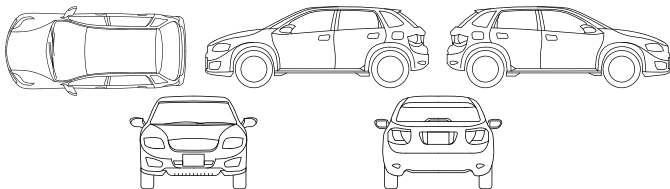
Damage to my car:

License Plate Number: _____

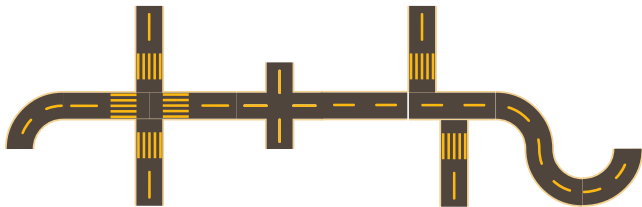
State of Car I was Driving: _____

Vehicle Milage: _____ Is 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

**DO NOT FORGET
TO TAKE PICTURES
OF THE ACCIDENT!**