

Motor Vehicle Accident Reporting

A motor vehicle collision can be a stressful experience for everyone involved. It can be easy to feel overwhelmed and confused after a collision, but it is important that you stay calm.

There are a number of critical post-crash steps you need to keep in mind—steps that can help get your insurance in order or even save a life. Remember to do the following:

- **Step 1:** Stop your vehicle. If you are involved in an accident and don't stop, you may be subject to criminal prosecution.
- **Step 2:** Call the authorities if any of the following scenarios occur:
 - i. You or someone else is injured
 - ii. You suspect one of the other drivers may be guilty of a criminal offense (such as driving under the influence of drugs or alcohol)
 - iii. There is significant damage to property or the vehicles
 - iv. Any of the vehicles involved in the crash are not drivable
 - v. You suspect you are the victim of a staged accident
- **Step 3:** Follow the instructions given to you by the 911 operator. Police or emergency personnel will arrive as soon as possible. Do not try to move anyone injured in the accident, as you may aggravate their injuries.
- **Step 4:** If it is safe to do so, get out of your car. If you have access to a digital camera or cellphone, take pictures of the scene.
- **Step 5:** When it is safe, move your vehicle to the side of the road and out of traffic. If your vehicle cannot be driven, turn on your hazard lights or use cones, warning triangles or flares, as appropriate.
- **Step 6:** Use the attached form to record as much information about the accident as possible.
- **Step 7:** Call your insurance company and Conrey Insurance Brokers as soon as possible after the accident. Inform your insurer of what happened and ask for next steps.

Remember, as difficult as it may seem, it is important that you remain calm. Refrain from arguing with other drivers and passengers. What's more, do not voluntarily assume liability or take responsibility, sign statements regarding fault or promise to pay for damage at the scene of the accident.

YOUR INFORMATION

<i>Your name:</i>	<i>Your driver's license number:</i>	<i>Your full address and phone number:</i>
<i>Vehicle owner's name (if different from driver):</i>	<i>Owner's full address and phone number (if different from driver):</i>	

YOUR VEHICLE INFORMATION

<i>Year make and model:</i>	<i>Mileage:</i>	<i>Color:</i>
<i>Plate number and state:</i>	<i>Vehicle identification number (VIN):</i>	<i>Was the vehicle in proper diving condition?</i>

YOUR INSURANCE INFORMATION

<i>Insurance company:</i>	<i>Phone number:</i>	<i>Policy number and expiration date:</i>
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YOUR PASSENGERS

<i>List the full name and position of every passenger: (front, back seat):</i>	<i>Describe any passenger injuries:</i>
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THE OTHER DRIVER'S INFORMATION

<i>Other driver's name:</i>	<i>Other driver's license number:</i>	<i>Other driver's full address and phone number:</i>
<i>Vehicle owner's name (if different from other driver):</i>	<i>Owner's full address and phone number (if different from other driver):</i>	

OTHER VEHICLE INFORMATION

<i>Year make and model:</i>	<i>Mileage:</i>	<i>Color:</i>
<i>Plate number and state:</i>	<i>Vehicle identification number (VIN):</i>	<i>Was the vehicle in proper diving condition?</i>

OTHER DRIVER'S INSURANCE INFORMATION

<i>Insurance company:</i>	<i>Phone number:</i>	<i>Policy number and expiration date:</i>
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OTHER VEHICLE'S PASSENGERS

<i>List the full name and position of every passenger in the other vehicle: (front, back seat):</i>	<i>Describe any passenger injuries:</i>
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ACCIDENT INFORMATION

<i>Date and time:</i>	<i>Estimated speed of your vehicle: (mph)</i>	<i>Is your vehicle drivable?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location (city, crossroads, landmarks)</i>	<i>Estimated speed of the other vehicle (mph)</i>	<i>Is the other vehicle drivable?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Describe the damage to your vehicle:</i>		<i>Describe the damage to the other vehicle:</i>
<i>Road conditions:</i> <input type="checkbox"/> Icy <input type="checkbox"/> Wet <input type="checkbox"/> Clear <input type="checkbox"/> Debris <input type="checkbox"/> Other:	<i>Weather conditions:</i> <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain <input type="checkbox"/> Other:	<i>Lighting conditions:</i> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Other:

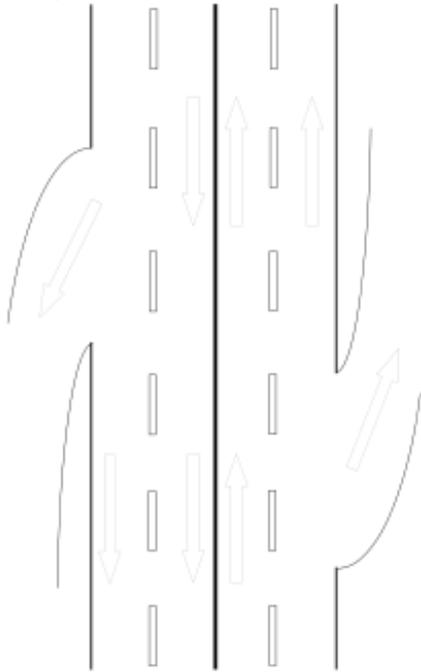
Other details of the accident:

COLLISION WITNESSES

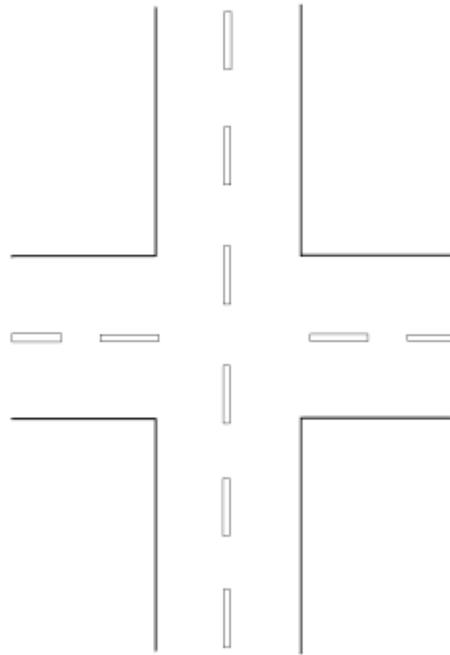
<i>Name:</i>	<i>Phone number:</i>	<i>Address:</i>
<i>Email:</i>		
<i>Name:</i>	<i>Phone number:</i>	<i>Address:</i>
<i>Email:</i>		
<i>Name:</i>	<i>Phone number:</i>	<i>Address:</i>
<i>Email:</i>		

ACCIDENT DIAGRAMS (DRAW OUT)

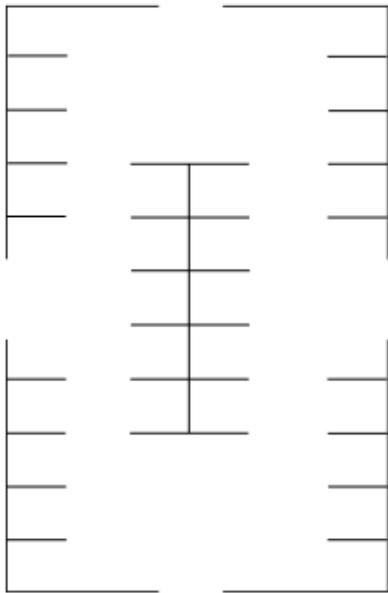
Highway ramp



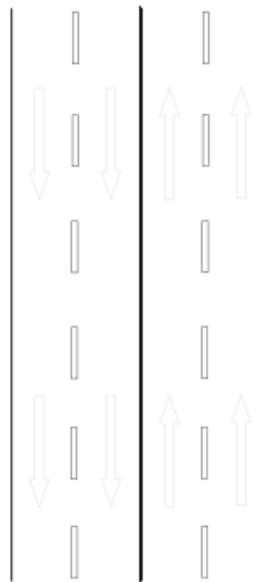
Four-way intersection



Parking lot



Two-lane highway or road



Legend (Please use the following symbols to complete the collision diagram)

Your Vehicle



Other Vehicles (Numbered Successively)



Pedestrian



Traffic Signal



Traffic Sign (Indicate Type)



ATTENDING POLICE OFFICER*Name:**Badge number:**Phone number:***TOW TRUCK OPERATOR***Driver's name:**Company:**Truck number:**Phone number:**Vehicle towed to:**Cost:*