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## WHAT TO DO IF YOU ARE INVOLVED IN AN ACCIDENT

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### If You Are Involved In An Incident

- **Stop at once!** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of bystanders.
- **If fire or smoke is present,** evacuate vehicle occupants to a safe location. If stalled on a railroad track, evacuate occupants to a safe location away and at a right angle from the tracks.
- **If fire, smoke or spilled fuel is present,** send for the fire department. Do not leave the scene; ask a bystander to call the fire department. If possible, use a spill kit to absorb the spill.
- **Protect the scene.** Set emergency warning devices to prevent further injury or damage. Secure your vehicle and its contents from theft.
- **Secure the assistance** of the police whenever possible. Record names and badge numbers.
- **Record names, addresses and phone numbers** of all witnesses injured and driver(s) and their passengers. Record vehicle license numbers.
- **Do not argue!** Make no statement except to the proper authorities. Sign only official police reports. Do not make statements regarding the operating condition of your vehicle and do not admit fault.
- **Report the incident to your dispatcher/supervisor IMMEDIATELY** after first aid has been given, authorities have been notified, the scene has been protected and you are able to do so.
- **Complete the incident report** at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s).
- **If you strike an unattended vehicle** and can not locate the owner, leave a note with your name and the company's address and phone number, get the vehicle description, VIN number, and license plate number.

When reporting this accident, you will need information specific to the incident. Complete the Driver's Report of Accident in this brochure, and follow the reporting instructions listed on the back of your Insurance Identification card.

NOTES

The driver can always contact Travelers directly to call in the loss, which is the quickest way. Toll free number is 1-800-238-6225.

• Published in the interest of safety by



The Travelers Indemnity Company.  
The Travelers Insurance Company and their affiliates  
One Tower Square  
Hartford, Connecticut 06183

**IN CASE OF A MOTOR VEHICLE ACCIDENT**  
Keep this brochure in Your Glove Compartment

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Here's What to Do

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- 1 - Take precautions necessary to protect the scene of the accident from further accidents.
  
- 2 - Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.
  
- 3 - Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.
  
- 4 - Complete the DRIVER'S REPORT OF ACCIDENT portion of this brochure. You will need this information later for state and insurance reports.
  
- 5 - As soon As possible, report the accident to the proper authorities and to your Customer Service Unit.

# DRIVER'S REPORT OF ACCIDENT

ACCIDENT INFORMATION		
DATE OF ACCIDENT	TIME OF ACCIDENT	AM PM
PLACE OF ACCIDENT (ST. OR HIGHWAY, CITY OR TOWN & STATE)		
DESCRIPTION OF ACCIDENT		

## WITNESSES

It is important to get as many as possible!

1	Name	Telephone No
	Address	
2	Name	Telephone No
	Address	
3	Name	Telephone No
	Address	

## POLICE OFFICER ASSISTING

Were Police Notified?	Police	Precinct	REPORT NO.
Yes    No	City		
	State		
POLICE OFFICER'S NAME	BADGE NO.	WAS ANYONE CITED?	
		No    You	
		Other Driver	

## YOUR VEHICLE INFORMATION

Year	Make	Model	Plate No	ST
VIN (VEHICLE I.D. NO.)			COLOR	
OWNER OF VEHICLE				
OWNER'S ADDRESS				
DRIVER'S NAME			TELEPHONE	
ADDRESS				
AGE	Soc. Sec. No.	Driver's License #	ST	
DESCRIPTION OF DAMAGE				
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)				

## OTHER VEHICLE INFORMATION

DRIVER'S NAME			TELEPHONE	
ADDRESS				
AGE	Soc. Sec. No.	Driver's License #	ST	
Year	Make	Model	Plate No	ST
Owner of Vehicle			Owner's Address	
Insurance Company			Policy Number	

Description of Damage
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)

## INJURED PERSONS - Describe the apparent injuries

1	Name	Telephone No
	Address	Age Sex    F    M
	Soc. Sec. No.	Occupation
	Injured was Driver    Passenger    In Other Vehicle    Pedestrian	
	Description of Injury	
2	Name	Telephone No
	Address	Age Sex    F    M
	Soc. Sec. No.	Occupation
	Injured was Driver    Passenger    In Other Vehicle    Pedestrian	
	Description of Injury	
3	Name	Telephone No
	Address	Age Sex    F    M
	Soc. Sec. No.	Occupation
	Injured was Driver    Passenger    In Other Vehicle    Pedestrian	
	Description of Injury	

## DAMAGE TO PROPERTY - Describe nature of damage

Owner's Name	Telephone No
Address	
Damaged Property	Extent of Damage
Owner's Name	Telephone No
Address	
Damaged Property	Extent of Damage

# ACCIDENT SKETCH

Draw and accident sketch. Show label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by dotted line.

### SYMBOLS


VEHICLE 1


VEHICLE 2


VEHICLE 3

Pedestrian 

Stop Sign 

Semaphore signaling 

Yield 

Railroad 

Point of Impact 

