

Steps for Response to Auto Accidents

Here are some things to keep in mind if you get into an accident:

1 Stay calm. Do NOT Admit Fault. Accidents happen quickly and can be upsetting. Stay calm and don't argue with others involved in the accident.

2 Prevent additional accidents. Warn oncoming traffic with a light, flag or similar device.

3 Help the injured. Don't render first aid unless you're qualified. Call an ambulance if anyone is injured.

- Emergency #: 911

4 Call the police. Don't discuss what happened with anyone except the police. Do NOT Admit Fault.

- Emergency #: 911

5 File a report. In the event that the police are unable to respond to your call, you'll need to go to the nearest police station and file an accident report.

6 Fill out the attached Accident Information form before leaving the scene of the accident.

7 Alert your Manager/Supervisor as soon as possible to report the accident.

Extra Precautions

4 "DO NOT'S" to keep in mind.

1 Do NOT leave the Scene without exchanging information with parties involved in the accident.

2 Do NOT post on social media about the accident or any other party involved.

3 Do NOT admit fault or offer to compensate anyone involved.

4 Do NOT discuss the accident with anyone other than your company management, law enforcement, or your company's insurance.




Be Prepared, Stay Safe. Your Auto Accident Guide

We're here to support and guide you through this, ensuring you navigate the aftermath with ease and confidence.



THE Insurance CENTER

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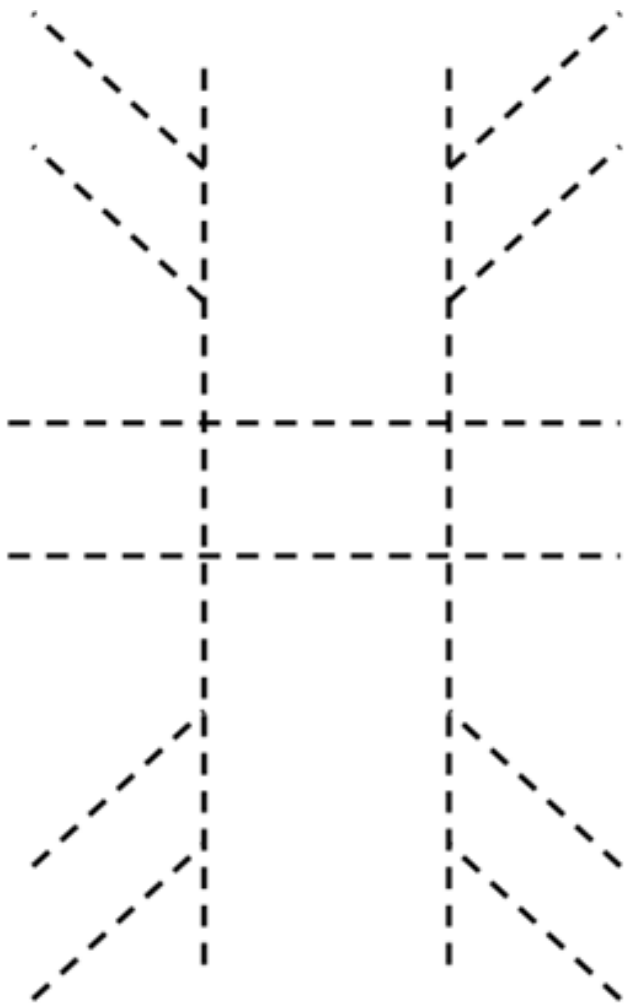
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 **EMERGENCY - CALL 911**

Diagram of the Accident Scene

Show the position of all vehicles, pedestrians and other important details using the symbols below.



1. Your vehicle

2. Other vehicles, numbered successively



Pedestrians



Traffic signals

Accident Information

Date/Time:

Location:

Weather Conditions:

Police Report Number:

Your Vehicle (Vehicle #1)

Year/Make/Model:

VIN:

License Plate # / State:

Your Injuries

Other Vehicle (Vehicle #2)

Year/Make/Model:

License Plate #/State:

Vehicle Damage:

Driver's Name:

Phone Number:

Address:

Driver's License #:

Injuries:

Insurance Provider:

Policy #:

Take Photos

Damage - Other Vehicle(s) Area of the Accident

Damage - Your Vehicle Driver's License

Damage - Other Items Injuries

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Other Persons (Passengers & Pedestrians)

#1. Name:

Age:

Address:

City, State, Zip Code:

Phone:

#2. Name:

Age:

Address:

City, State, Zip Code:

Phone:

Witnesses

Name:

Age:

Address:

City, State, Zip:

Phone Number:

Name:

Age:

Address:

City, State, Zip:

Phone Number:

Notes:
