INJURED PERSONS

Name _______________________________________
Address ______________________________________
Telephone No. ________________________________
Nature of injuries ______________________________________
Occupant of which vehicle? ______________________

Name _______________________________________
Address ______________________________________
Telephone No. ________________________________
Nature of injuries ______________________________________
Occupant of which vehicle? ______________________

WITNESSES

Name _______________________________________
Address ______________________________________
Telephone No. ________________________________

Name _______________________________________
Address ______________________________________
Telephone No. ________________________________

Did you know that most people involved in an accident fail to gather the proper information and therefore are often charged with the accident and should not have been?

Don’t let this happen to you! Keep our form conveniently located in your car with your registration and insurance card. If you have more than one car, call or stop by our office and we will gladly provide you with additional Auto Accident Guides. We wish you safe travels.

Contact us for your insurance needs.

MORE HELPFUL INFORMATION FROM MEMBERS 1ST INSURANCE SERVICES!

Keep this convenient form in your car to assist you in the event of an accident.

Insurance products are not federally insured and are not obligations of or guaranteed by Members 1st FCU, Members 1st Insurance Services, or any other affiliated entity.
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 care assistance (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 ________________________

POLICE INFORMATION

Name of Police Department _________________________
Name of Officer ___________________________
Accident Report No. ___________________________
Citation Issued? □ Yes □ No
If yes, against whom?

DAMAGE TO PROPERTY OF OTHERS

Name of Owner _______________________________
Address ______________________________________
Name of Driver _______________________________
Address ______________________________________
Telephone No. _______________________________
Driver's License No. ___________________________
Make and Year of Vehicle _______________________
Describe Damages ____________________________
Insurance Co. Name and Policy No. ________________
Name of Owner _______________________________
Address ______________________________________
Name of Driver _______________________________
Address ______________________________________
Telephone No. _______________________________
Driver's License No. ___________________________
Make and Year of Vehicle _______________________
Describe Damages ____________________________
Insurance Co. Name and Policy No. ________________

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Describe how accident occurred _______________________
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____________________
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DIAGRAM OF ACCIDENT

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

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