

# Auto Accident Guide

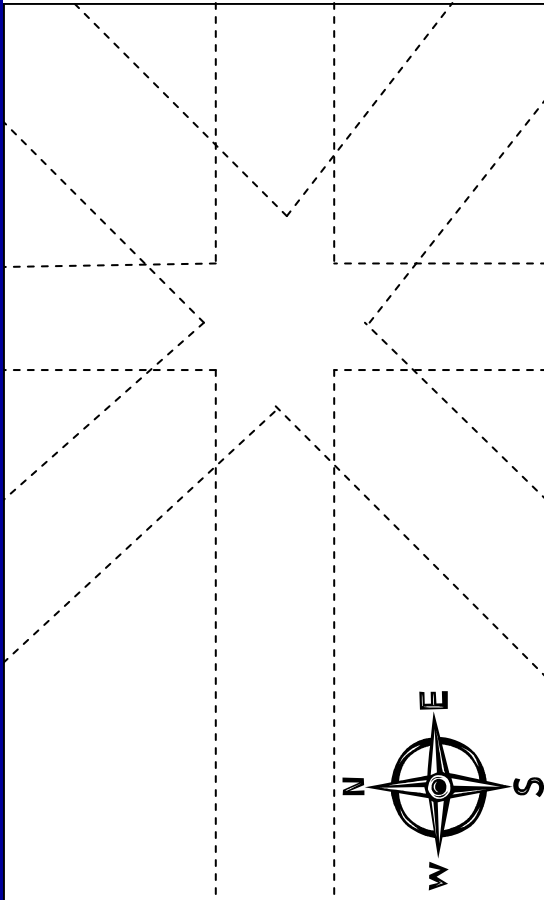
Please sketch the accident. Indicate the directions on the diagram using arrows.

Identify the vehicles and use an arrow to depict the direction the vehicles were traveling by using the examples below.

1 --> Your vehicle and travel direction

2 --> Other vehicle and travel direction

3 --> Other vehicle and travel direction



## Emergency Checklist

Put together an emergency kit to keep in your car. Be sure to include:

- Blanket
- Non-perishable food
- Note Pad
- Pen or pencil
- Flares
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First aid supplies
- Paper towels
- Disposable camera

**Accident happen—even to the most careful drivers.** Knowing what to do after an accident will help you to remain calm and in control. Take a moment to review this guide and keep it in your vehicle.

## Accident Checklist

- Report the accident to the police and call for medical assistance if needed.
- Remain at the scene of the accident.
- Warn oncoming traffic. Set hazard lights and flares.
- Try to remain calm.
- DO NOT admit fault.
- Exchange names, addresses, phone numbers, makes of vehicles, driver's license, vehicle license numbers and insurance company/policy number information with all drivers.
- Get names, address and phone numbers of all passengers and witnesses.
- Sketch the accident (see diagram).
- Examine and record damage to other vehicles and property.
- If you are carrying a camera, take pictures of the scene and damage.
- Do not discuss the accident or sign any documents. Only answer questions asked by police, R. C. Chase Insurance and your claim representative.



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**Accident Facts**

Name

Date

Time

City

Where did the accident occur?

Condition of the road

Weather

How fast were you traveling?

How fast was the other vehicle traveling?

Did police take a report?

Responding police department

Case number

**Other vehicle**

Owner's name

Insured by

Policy number

License plate number

Day phone

Evening phone

Best time to call

Address

Vehicle make & model

Owner's driver's license number

Birth date

Driver's name (if other than owner)

Evening phone

Best time to call

Driver's license number

Damaged part of vehicle

**Injured Person in Other Vehicle**

Name

Phone

Address

Age

Extent of injury

**Damage to Your Vehicle**

Damage part of vehicle

**Damage to Other's Property**

Owner

Phone

Address

Description of damage

**Witness**

Name #1

Phone

Address

Name #1

Phone

Address

How did it happen?

Vertical lines for text entry.