

## Accident Checklist

- Get help for the injured.
- Call the police. 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, emails, phone numbers, makes of vehicles, driver's and vehicle license numbers, and insurance company/policy number information with all drivers.
- Get names, addresses, emails, 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 and your Safeco claim representative.
- Call Safeco Claims at **1-800-332-3226**, promptly. Your Safeco claim representative will ask you some questions about the accident and will begin the claim resolution process immediately.

## How do I make a claim?

At Safeco, there is no "weekend." We're here to help you, 24 hours a day, 7 days a week. **Call 1-800-332-3226.**



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## Accident Guide

### Auto

### Accidents happen – even to the most

**careful drivers.** Knowing what to do after an accident will help you to remain calm and in control. It can also help you get back on the road faster. Take a moment to review this guide and keep it in your glove compartment in the event of an accident.

## Emergency Checklist

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




- Blanket
- Nonperishable food
- Notepad
- Pen or pencil
- Flares
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First-aid supplies
- Paper towels
- Disposable camera
- Emergency phone charger

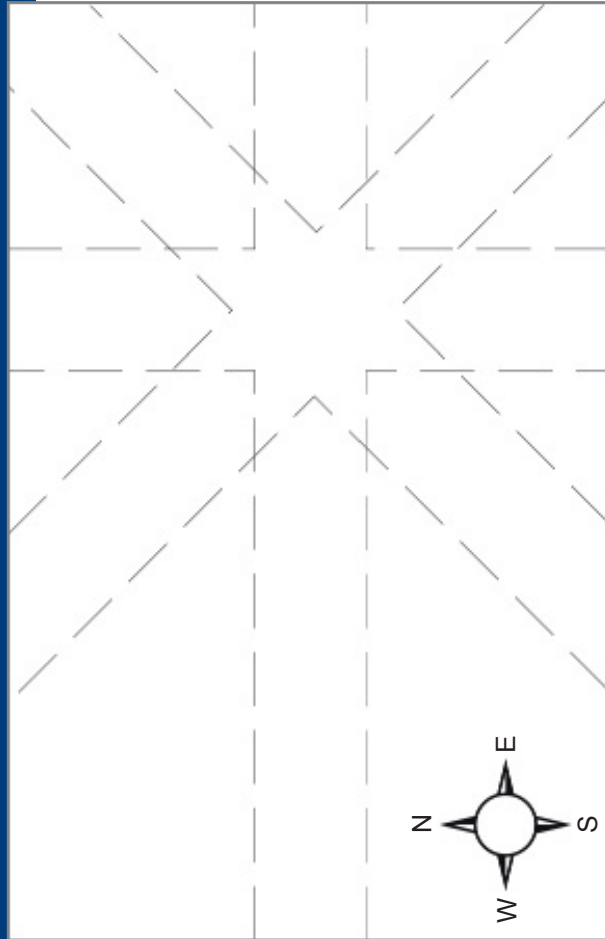
**Safeco Insurance**<sup>TM</sup>

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Please sketch the accident.

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



How did it happen?

Report claims immediately by calling 1-800-332-3226.

**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 \_\_\_\_\_  
 Vehicle license plate number \_\_\_\_\_

Day phone \_\_\_\_\_  
 Evening phone \_\_\_\_\_  
 Best time to call \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_

Vehicle make & model \_\_\_\_\_  
 Owner's driver's license number \_\_\_\_\_

Birthdate \_\_\_\_\_  
 Driver's name (if other than owner) \_\_\_\_\_

Day phone \_\_\_\_\_  
 Evening phone \_\_\_\_\_

Best time to call \_\_\_\_\_  
 Email \_\_\_\_\_  
 Driver's license number \_\_\_\_\_  
 Damaged part of vehicle \_\_\_\_\_  
 \_\_\_\_\_

**Injured Person of Other Vehicle**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Age \_\_\_\_\_  
 Extent of injury \_\_\_\_\_

**Damage to Your Vehicle**

Damaged part of vehicle \_\_\_\_\_

**Damage to Other's Property**

Owner \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Description of damage \_\_\_\_\_

**Witness(es)**

Name #1 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Name #2 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_