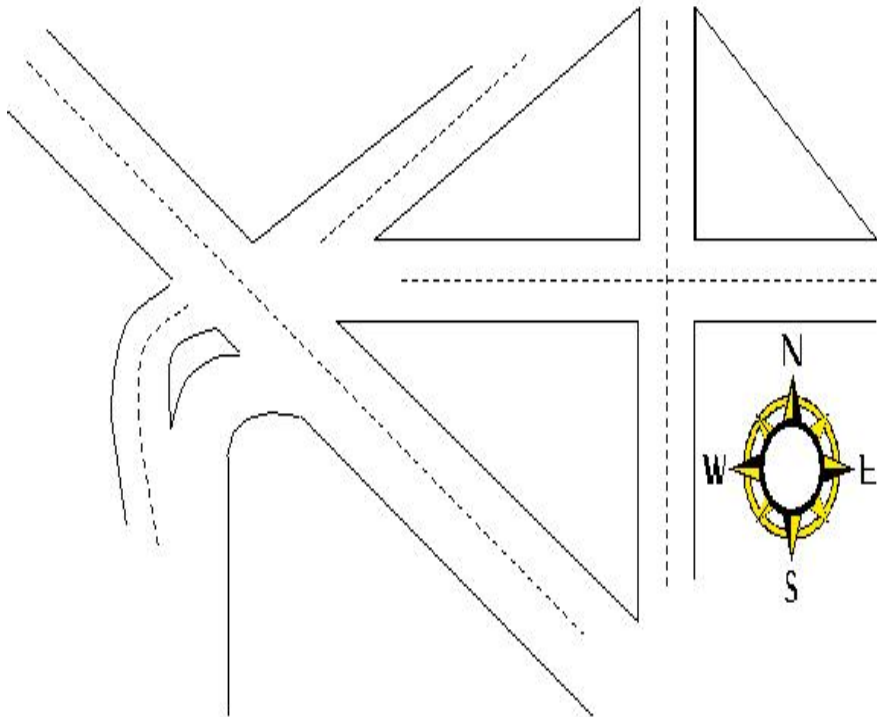




# Auto Accident Report

Insurance Company							
DATE OF ACCIDENT:		TIME OF ACCIDENT:	AM	PM	POLICY NUMBER:		
Insured Information				Contact Information			
NAME AND ADDRESS:				NAME: PHONE NUMBER: E-MAIL ADDRESS:			
<b>LOSS DESCRIPTION</b>							
LOCATION OF ACCIDENT (include City and State):				DESCRIPTION OF ACCIDENT (use separate sheet, if necessary):			
AUTHORITY CONTACTED:		VIOLATIONS / CITATIONS?		REPORT #:			
<b>INSURED VEHICLE</b>							
YEAR:		MAKE:		MODEL:			
PLATE NUMBER:		STATE:		VIN:			
OWNERS NAME & ADDRESS:							
DRIVER'S NAME AND ADDRESS (check if same as owner):				RELATION TO INSURED (Employee, family, etc.)			
DATE OF BIRTH:		DR LICENSE NO.:		STATE:		PURPOSE OF USE:	
<b>DESCRIBE DAMAGE</b>							
ESTIMATE AMT:	\$	WHERE CAN VEHICLE BE SEEN?					
OTHER INSURANCE ON VEHICLE:							
<b>OTHER VEHICLE(S) OR PROPERTY</b>							
VEHICLE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
DESCRIBE PROPERTY (if auto, year, make, model, plate number):				OTHER VEH/PROP INS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				CO / AGENCY NAME:		POL NO.:	
OWNER'S NAME & ADDRESS:				RESIDENCE PHONE (A/C No):			
				BUSINESS PHONE (A/C, No, Ext):			
OTHER DRIVER'S NAME & ADDRESS:				RESIDENCE PHONE (A/C No):			
SAME AS OWNER? Y / N		DR LICENSE NO.:	STATE:	BUSINESS PHONE (A/C, No, Ext):			
<b>DESCRIBE DAMAGE:</b>							
ESTIMATE AMT:	\$	WHERE CAN DAMAGE BE SEEN?					
<b>INJURED</b>							
NAME & ADDRESS		PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
<b>WITNESSES OR PASSENGERS</b>							
NAME & ADDRESS		PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (specify		

## Accident Diagram



## What to Do in the Event of a Motor Vehicle Accident

Checklist:  
Done?

Yes No

1. **Take precautions** and steps to prevent additional damage  Yes  No
2. **Call authorities** if someone is injured to request medical assistance. If there is fire, call the Fire Department.  Yes  No
3. **Be courteous** – Answer police questions. Give identifying information to the other party. Express concern, but **make NO assumption of fault.**  Yes  No
4. **Take photos** – Take pictures of vehicles, any prior and new damage, street or speed signs, and roadway conditions. Include skid marks, other property damage, license plates, etc.  Yes  No
5. **If vehicle is not safety drivable**, arrange for tow to nearby body shop. Do NOT give authorization for repairs until the insurance company has an opportunity to inspect the damage.  Yes  No
6. **Complete DMV Accident Form SR1A** if there is an injury or \$750 or more in damages.  Yes  No
7. **Report accident to your supervisor and Cavignac & Associates within 24 hours** – Include any that occur in a rental car or employee's personal automobile while in the course of employment. **Contact Bettye McLaurin, CRIS, Claims Coordinator:**  Yes  No

Direct Line	619-744-0556
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Fax	619-234-8601
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E-Mail	bmclaurin@cavignac.com
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Main Phone Line	619-234-6848
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**NOTE:** Should Bettye be unable to take your call, ask for **Dan Smith (619-744-0576)** or the **person assigned to your account.**