# What to do if you are in an accident?

- 1. Check to see if you or anyone is injured. Assist them if you can.
- 2. If there are injuries, call 9-1-1. Tell them your location, nature of the accident and extent of injuries.
- 3. Do not admit fault or make promises of payment.
- 4. Check the damage to your vehicle and surroundings.
- 5. Call the police and get a police report from the responding officer.
- 6. Take a photograph of the damage to your vehicle and other vehicles or property that has been damaged.
- 7. Call Heidi Sauer, your Flood and Peterson Claims Consultant, 970.266.7106, and explain what happened.
- 8. Determine if there are any witnesses and obtain their:
  - Full Name
  - Phone Number(s)
  - Address
- 9. Exchange information with the other driver. Make sure to obtain their:
  - Full Name
  - Phone Number(s)
  - Driver's License # and State
  - License Plate #
  - Insurance Information
- 10. Fill out the Driver Accident Report as soon as possible following the accident so the details are fresh in your mind.



### **Driver Accident Report**

| Date                      |       |          | Tin     | ne        |     | AM / PM |
|---------------------------|-------|----------|---------|-----------|-----|---------|
| Location                  |       |          |         |           |     |         |
|                           |       |          |         |           |     |         |
|                           |       |          |         |           |     |         |
| Light Condition           |       | daylight | dusk    | da        | wn  | dark    |
| Weat                      | her   | rain     | snow    | cl        | ear | fog     |
| Road Surf                 | ace   | dry      | wet     | sn        | ow  | ice     |
| Number of La              | nes   | 1        | 2       |           | 3   | 4+      |
| Highway                   |       | divided  |         | undivided |     |         |
|                           |       |          |         |           |     |         |
| \/INI / TI. #             |       |          |         |           |     |         |
| VIN / Truck #             |       |          |         |           |     |         |
| Model                     |       |          |         | Make      |     |         |
| Year                      |       |          | Plate # |           |     |         |
|                           |       |          |         |           |     |         |
| Was a trailer in to       | w? Y  | es / No  |         |           |     |         |
| If yes, who is the owner? |       |          |         |           |     |         |
| VIN / Tr                  | uck#  |          |         |           |     |         |
| N                         | 1odel |          |         | Make      |     |         |
|                           | Year  |          | Plate # |           |     |         |

#### **Named Insured Contact Information**

Name:

Phone: Email:

Insurance Carrier:

**Policy Number:** 

Please contact Heidi Sauer to report a claim. Send a copy of the accident report to your supervisor and Heidi.

#### **Heidi Sauer, Claims Consultant**

970.266.7106 claims@floodpeterson.com



#### Flood and Peterson

4687 W. 18th St., Greeley, CO 80634 Toll Free: 800.356.2295 Fax: 970.506.6820 www.floodpeterson.com

| The Driver | Informa | ation |
|------------|---------|-------|

| State |
|-------|
|       |
|       |
|       |

# **Other Driver(s)**

| Name of Owner            |         |      |  |
|--------------------------|---------|------|--|
| Name of Driver           |         |      |  |
| Address                  |         |      |  |
| Personal Phone           |         |      |  |
| Work Phone               |         |      |  |
|                          |         |      |  |
| Model                    |         | Make |  |
| Year                     | Plate # |      |  |
|                          |         |      |  |
| Insured By               |         |      |  |
| Policy Number            |         |      |  |
| # of People in Car       |         |      |  |
| Type of Damage           |         |      |  |
|                          |         |      |  |
|                          |         |      |  |
|                          |         |      |  |
| Name of Owner            |         |      |  |
| Name of Driver           |         |      |  |
| Address                  |         |      |  |
| Personal Phone           |         |      |  |
| Work Phone               |         |      |  |
|                          |         |      |  |
| Model                    |         | Make |  |
| Year                     | Plate # |      |  |
|                          |         |      |  |
|                          |         |      |  |
| Insured By               |         |      |  |
| Insured By Policy Number |         |      |  |
|                          |         |      |  |
| Policy Number            |         |      |  |

# **Additional Information**

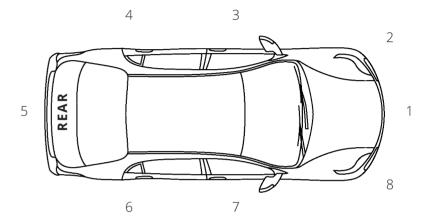
| Investigating Officer |          |       |
|-----------------------|----------|-------|
| Name                  |          |       |
| Badge #               |          |       |
|                       |          |       |
| Witness Information   |          |       |
| Name                  |          |       |
| License Plate #       |          | state |
| Address               |          |       |
| Phone Number          |          |       |
|                       |          |       |
| Description of Accide | ent      |       |
| Your Speed            |          |       |
| Any Warning Gi        | ven      |       |
| Details               |          |       |
| Narrative             |          |       |
| Damage to Property?   | Yes / No |       |

If yes, please attach additional paperwork describing the

damage in detail. Include photographs.

# **Diagrams**

Mark the numbers closest to the damaged areas on your vehicle.



Draw a basic picture of the accident. Include street names and arrows indicating the direction of travel for each vehicle.

