# What to do if you are in an accident?

- 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.

# Named Insured Contact Information

Name:

Phone:

Email:

**Insurance Carrier:** 

Policy Number:

Please contact Flood and Peterson to report a claim. Send a copy of the accident report to your supervisor and claims consultant.

#### Kandice Dix, Claims Consultant

970.506.3275

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



### **Driver Accident Report**

Date	Time	AM / PM
Location		

Light Condition	daylight	dusk	dawn	dark
Weather	rain	snow	clear	fog
Road Surface	dry	wet	snow	ice
Number of Lanes	1	2	3	4+
Highway	divi	ided	undivi	ided

/IN / Truck #			
Model		Make	
Year	Plate #		

Was a trailer in tow? Yes / No		
If yes, who is the owner?		
VIN / Truck #		
Model		Make
Year	Plate #	

#### The Driver Information

Name				
Address				
Driver Lic	ense #		State	
Personal	Phone			
Work	Phone			

## **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**

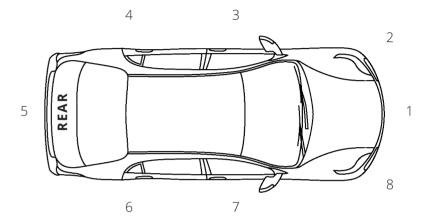
Investigating Officer		
Name		
Badge #		
Witness Information		
Name		
License Plate #		state
Address		
Phone Number		
Description of Accide	ent	
Your Speed		
Any Warning Gi	ven	
Details		
Narrative		
Damage to Property?	Yes / No	

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.

