



## Driver Accident Report

## What to do if you are in an accident?

### 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.

**Makenna Metzger, Claims Administrator**

970.266.7135

[claims@floodpeterson.com](mailto: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](http://www.floodpeterson.com)

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 Makenna Metzger, your Flood and Peterson Claims Consultant, 970.266.7135, 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.

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	divided		undivided	

Insured Vehicle VIN   
Model  Make   
Year  Plate #

Was a trailer in tow? Yes / No

If yes, who is the owner?

VIN / Truck #

Model  Make

Year  Plate #

### Insured Vehicle Driver

Name

Address

Driver License #  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   
Policy Number   
# of People in Car   
Type of Damage

## Additional Information

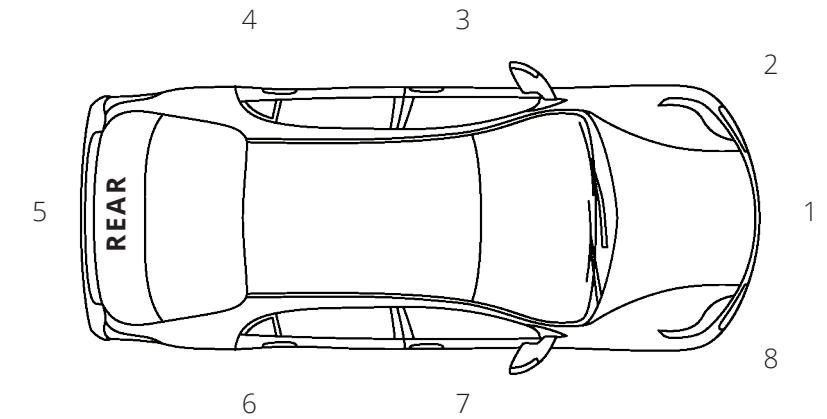
Investigating Officer  
Name   
Badge #   
Witness Information  
Name   
License Plate #  state   
Address   
Phone Number

Description of Accident  
Your Speed   
Any Warning Given   
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.