

# Vehicle Accident Kit

*Place in vehicle glove box*

- 1) Stop immediately. Pull to a safe location. Notify the police.
- 2) Determine if there are injuries and call for help.
- 3) Take pictures of the accident scene.
- 4) Exchange information with the other driver(s) and any witness(es) using the attached cards.
- 5) Do not make a statement of any kind or discuss the accident with anyone other than the police officer or your employer.
- 6) Return this completed form and information cards to your manager.  
*Your company can file a claim at [www.LibertyMutualVantagePort.com](http://www.LibertyMutualVantagePort.com) or call 1-800-362-0000*

## INSTRUCTIONS AT THE SCENE OF ACCIDENT



### WITNESS INFORMATION

*Please return with Accident Report Form*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BRIEF DESCRIPTION OF WHAT YOU SAW \_\_\_\_\_



*Thank you for your information.*

### WITNESS INFORMATION

*Please return with Accident Report Form*

NAME \_\_\_\_\_

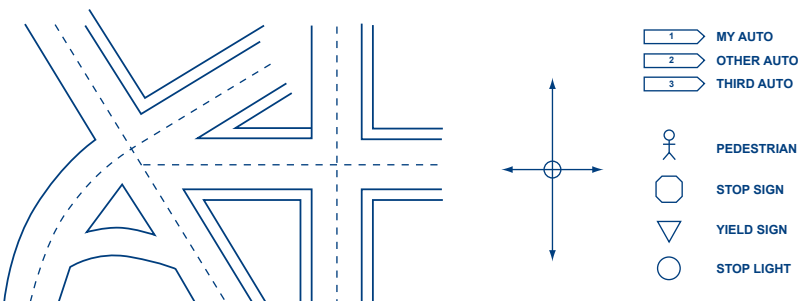
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BRIEF DESCRIPTION OF WHAT YOU SAW \_\_\_\_\_

*Thank you for your information.*



## Accident Report Form *Continued from inside*

**DIAGRAM: DRAW THE POSITION OF ALL AUTOS, PERSONS, STOP LIGHTS AND SIGNS, AND ALL OTHER OBJECTS IN THE BOX BELOW (SEE SAMPLE →)**

### OTHER VEHICLE INFORMATION

*Please return with Accident Report Form*

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ INJURED (YES/NO) \_\_\_\_\_

NAME OF YOUR INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ PLATE NUMBER / STATE \_\_\_\_\_

YEAR / MAKE / MODEL OF VEHICLE \_\_\_\_\_

OWNER NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

PASSENGER NAME(S) \_\_\_\_\_ TELEPHONE NUMBER(S) \_\_\_\_\_

PASSENGER ADDRESS(ES) \_\_\_\_\_ INJURED (YES/NO) \_\_\_\_\_



### OTHER VEHICLE INFORMATION

*Please return with Accident Report Form*

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ INJURED (YES/NO) \_\_\_\_\_

NAME OF YOUR INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ PLATE NUMBER / STATE \_\_\_\_\_

YEAR / MAKE / MODEL OF VEHICLE \_\_\_\_\_

OWNER NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

PASSENGER NAME(S) \_\_\_\_\_ TELEPHONE NUMBER(S) \_\_\_\_\_

PASSENGER ADDRESS(ES) \_\_\_\_\_ INJURED (YES/NO) \_\_\_\_\_



*Thank you for your information.*



## Operator Information

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

LICENSE NUMBER AND STATE \_\_\_\_\_

## Accident Information

**WAS ANOTHER VEHICLE INVOLVED?** Yes  No

*If yes, please exchange information using the attached cards.*

DATE OF ACCIDENT \_\_\_\_\_

TIME OF ACCIDENT (AM/PM) \_\_\_\_\_

OPERATOR VEHICLE: YEAR / MAKE / MODEL \_\_\_\_\_

VIN NUMBER \_\_\_\_\_ PLATE NUMBER AND STATE \_\_\_\_\_

LOCATION OF ACCIDENT \_\_\_\_\_

DESCRIPTION OF ACCIDENT (include non-vehicle property damage) *Please complete diagram on back.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WAS ANYONE INJURED IN THIS ACCIDENT?** Yes  No  **WERE THE POLICE CALLED TO THE SCENE?** Yes  No

*If yes, please fill out section below.*

INJURED PERSON 1 – NAME _____	INJURED PERSON 2 – NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____
<b>CHECK ONE THE FOLLOWING:</b>	<b>CHECK ONE THE FOLLOWING:</b>
<input type="checkbox"/> DRIVER OF YOUR VEHICLE	<input type="checkbox"/> DRIVER OF YOUR VEHICLE
<input type="checkbox"/> PASSENGER IN YOUR VEHICLE	<input type="checkbox"/> PASSENGER IN YOUR VEHICLE
<input type="checkbox"/> DRIVER OF OTHER VEHICLE	<input type="checkbox"/> DRIVER OF OTHER VEHICLE
<input type="checkbox"/> PASSENGER IN OTHER VEHICLE	<input type="checkbox"/> PASSENGER IN OTHER VEHICLE
DESCRIPTION OF INJURIES _____	DESCRIPTION OF INJURIES _____
_____	_____

*Form continues on back*

WITNESS INFORMATION CARD  
[REVERSE SIDE]

WITNESS INFORMATION CARD  
[REVERSE SIDE]

OTHER VEHICLE INFORMATION CARD  
[REVERSE SIDE]

OTHER VEHICLE INFORMATION CARD  
[REVERSE SIDE]