Vehicle Accident Kit

Place in vehicle glove box

Liberty Mutual INSURANCE

INSTRUCTIONS AT THE SCENE OF ACCIDENT

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 or call 1-800-362-0000

WITNESS INFORMATION *Please return with Accident Report Form*

NAME

ADDRESS

PHONE

EMAIL

BRIEF DESCRIPTION OF WHAT YOU SAW

Thank you for your information.

Liberty Mutual INSURANCE

WITNESS INFORMATION *Please return with Accident Report Form*

NAME

ADDRESS

PHONE

EMAIL

BRIEF DESCRIPTION OF WHAT YOU SAW

Thank you for your information.

Liberty Mutual INSURANCE

OTHER VEHICLE INFORMATION *Please return with Accident Report Form*

NAME — TELEPHONE NUMBER

ADDRESS — INSURED (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) — INSURED (YES/NO)

Liberty Mutual INSURANCE

OTHER VEHICLE INFORMATION *Please return with Accident Report Form*

NAME — TELEPHONE NUMBER

ADDRESS — INSURED (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) — INSURED (YES/NO)

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 ↓)

CM 3058 1/12 SR

Accident Report Form

Return this completed form and attached information cards with photos to your manager.

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 _____

ADDRESS _____

PHONE _____

CHECK ONE THE FOLLOWING:

- ☐ DRIVER OF YOUR VEHICLE
- ☐ PASSENGER IN YOUR VEHICLE
- ☐ DRIVER OF OTHER VEHICLE
- ☐ PASSENGER IN OTHER VEHICLE

DESCRIPTION OF INJURIES _____

INJURED PERSON 2 – NAME _____

ADDRESS _____

PHONE _____

CHECK ONE THE FOLLOWING:

- ☐ DRIVER OF YOUR VEHICLE
- ☐ PASSENGER IN YOUR VEHICLE
- ☐ DRIVER OF OTHER VEHICLE
- ☐ PASSENGER IN OTHER VEHICLE

DESCRIPTION OF INJURIES _____

Form continues on back

WITNESS INFORMATION CARD

WITNESS INFORMATION CARD

OTHER VEHICLE INFORMATION CARD

OTHER VEHICLE INFORMATION CARD