

Vehicle Accident Guide

According to the National Highway Traffic Safety Administration, there were more than five million police-reported car accidents in 2020. That averages to one crash every six minutes. **If you are in a vehicle accident, do you know what to do?**

In this guide, you'll find resources to help you to become your own best advocate, including guidance on:

- What to do immediately following a vehicle accident
- What NOT to do following a vehicle accident
- How to photograph an accident scene
- Vehicle Accident Reporting Form

Place this guide in the vehicle's glove box, and train drivers to refer to it for the steps they need to take if a vehicle accident occurs.



CDL Drivers:

If an accident results in: A vehicle being towed, a person being transported by ambulance, or a fatality, you must be tested for alcohol and drugs within two hours of the accident as required in section 382.303 of the Federal Motor Carrier Safety Regulations. Always keep copies of the Federal Drug Testing and Control form in your vehicle.

What to do Following a Car Accident:

1. **Stay calm.** Take a deep breath, and check for injuries to all involved
2. **Call the police.** Even if your accident is minor, and even if the other party tries to persuade you to just "handle it among yourselves", do not skip this step!
3. If the accident is minor, and it is safe, **move the cars involved in the accident to a safe place.** Turn on your hazard lights
4. **Secure eyewitness names and numbers.** Witnesses often leave an accident scene before law enforcement arrives
5. **Collect phone numbers, names, and insurance information** for others involved in the accident, including any witnesses
6. **Safely take photos** of the scene of the accident and the vehicles involved
7. **Contact your insurance company** as soon as possible after your accident. Give your insurance company the basic facts of the accident



What not to do After a Car Accident:

1. **Never admit responsibility for the accident**, even if you think it might have been your fault, or even partially your fault. Even saying “I’m sorry” to the other party could potentially be misconstrued as an admission of fault. Asking if anyone is injured and in need of help is a good idea
2. **Never, leave the scene of the accident**, particularly when there are injuries, or you could face criminal charges for hit-and-run
3. **Never sign any document** without speaking to your manager and or an attorney first
4. **Never discuss your accident** on social media and avoid talking to any other insurance company without discussing it with your own insurance agent first

Photograph Entire Accident Scene

Take multiple, good-quality photographs of the entire accident scene to capture important details such as:

- All 4 sides of each involved vehicle, including close-ups of the damage
- The lines-of-sight for each driver as they approached the accident
- Any obstructions that block the drivers’ views of each other
- Skid marks
- Damage to other properties or roadways

Additional things you should consider and take record of include:

- Witness accounts, including their name and phone number
- Weather conditions, e.g. rain, sun, fog, snow, etc

Driver's Report of Motor Vehicle Accident

Report the accident to the office **immediately**; then, complete as much as possible in report

Name of person completing report: _____ Date: _____

Where Accident Occured

County: _____ City, State: _____

Road or Street: _____

At intersection with: _____

If not at intersection, _____ or _____ N S E W of _____
Feet Miles circle one Nearest highway, street, bridge, other landmark

Where Did Accident Occur

Date: _____ Time: _____ Number of vehicles involved: _____

Did police officer investigate? Yes No If Yes, name of police department: _____

Vehicle #1 – Your Vehicle

Company name: _____ Address: _____

Driver's Name (Last, First, Middle): _____

License Plate & State: _____ Phone: _____

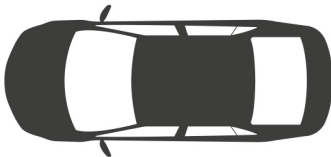
Vehicle make: _____ Year: _____ Model & type: _____

Vehicle identification number, serial: _____

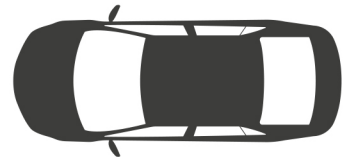
Was traffic citation issued to Driver #1? Yes No _____

Circle areas of damage

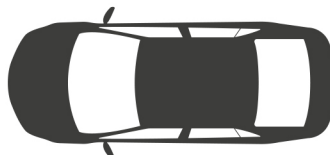
Vehicle 1



Vehicle 3 (If applicable)



Vehicle 2



Driver's Report of Motor Vehicle Accident

Vehicle #2 – Other Party

Name (Last, First, Middle): _____ Driver Pedestrian

Birth month: _____ Day: _____ Year: _____ Male Female

Home address: _____ City, St, Zip: _____

Driver's license number & state: _____ Phone: _____

Insurance company: _____ Insurance effective & expiration dates: _____

Option: take photo of insurance card

Vehicle owner's name: _____ Address: _____

Vehicle make: _____ Year: _____ Model & type: _____

Vehicle identification number (VIN): _____ License plate & State: _____

Was traffic citation issued to Driver #2? Yes No

Vehicle #3 (if applicable)

Name (Last, First, Middle): _____ Driver Pedestrian

Birth month: _____ Day: _____ Year: _____ Male Female

Home address: _____ City, St, Zip: _____

Driver's license number & state: _____ Phone: _____

Insurance company: _____ Insurance effective & expiration dates: _____

Option: take photo of insurance card

Vehicle owner's name: _____ Address: _____

Vehicle make: _____ Year: _____ Model & type: _____

Vehicle identification number (VIN): _____ License plate & State: _____

Was traffic citation issued to Driver #3? Yes No

Driver's Report of Motor Vehicle Accident

Passenger(s)/Independent Witness(es) Complete to the best of your knowledge.

Name: _____ **Age:** _____ **Sex:** _____ **Veh. No.:** _____

Address: _____ **Phone:** _____

Check all that apply

Witness Passenger Helmet use Ejected Injured **Wearing seat belt**

Name: _____ **Age:** _____ **Sex:** _____ **Veh. No.:** _____

Address: _____ **Phone:** _____

Check all that apply

Witness Passenger Helmet use Ejected Injured **Wearing seat belt**

Name: _____ **Age:** _____ **Sex:** _____ **Veh. No.:** _____

Address: _____ **Phone:** _____

Check all that apply

Witness Passenger Helmet use Ejected Injured **Wearing seat belt**

Damaged property

Check all that apply

Mailbox Utility Pole Street Sign Traffic Control Light

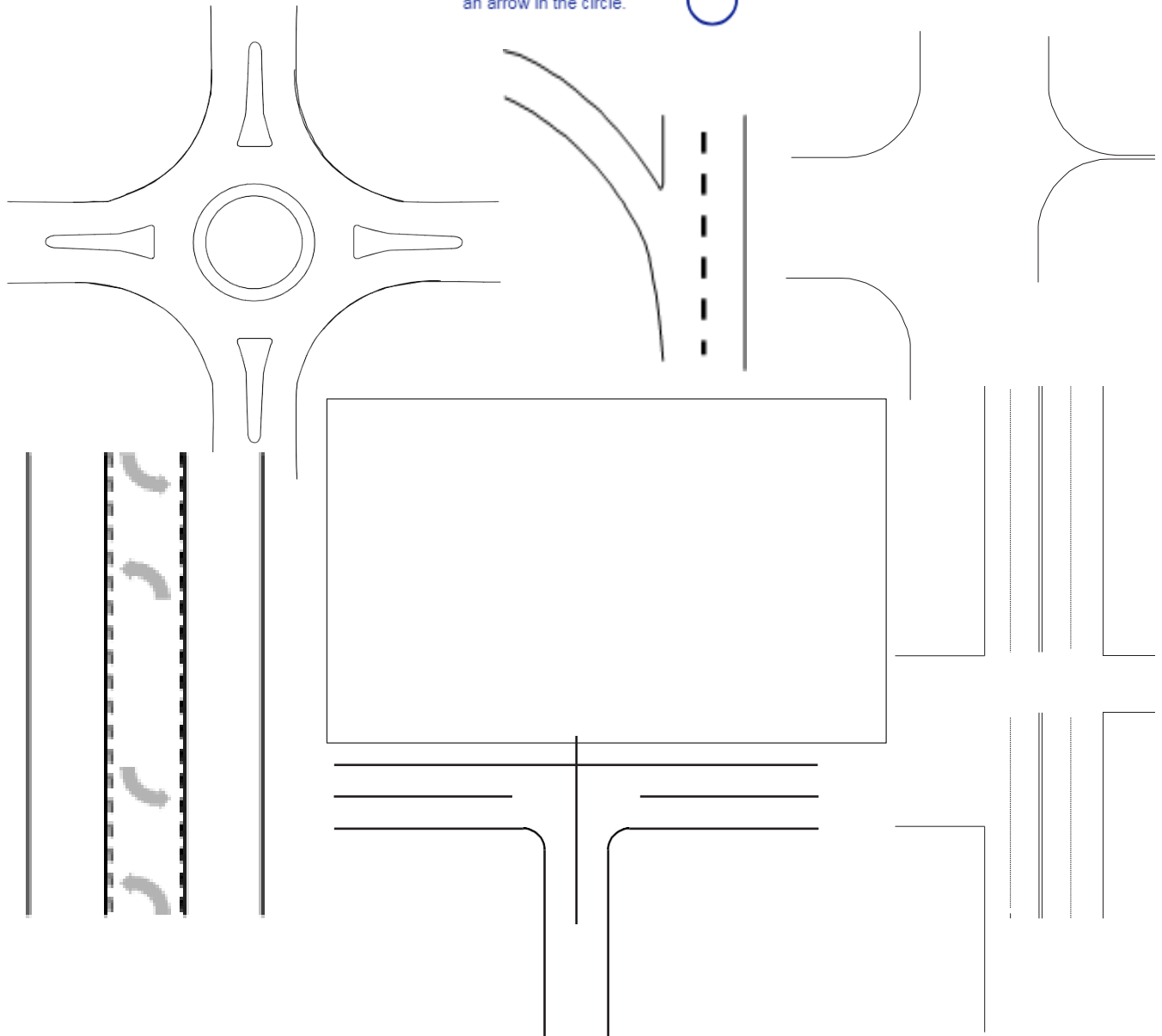
Bridge/Overpass Guard Rail Building Government Property?

Other (please describe)

Other comments/additional vehicles/passengers/witness:

Driver's Report of Motor Vehicle Accident

Indicate **NORTH** by putting
an arrow in the circle.



Describe & sketch what happened, add traffic signs/lights, what statements were made.
(Refer to vehicles by number):

Driver's Report - Additional Comments Below:



RISK SERVICES DEPARTMENT

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