

## — Accident Information

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Location (address and/or landmarks):

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Conditions (weather, traffic, road, etc.):

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Describe the accident (include direction of travel, speed, etc.):

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Describe any injuries to you, to passengers, or bystanders:

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Describe damage to your vehicle (add photos if possible):

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## Photo Checklist

### Checklist of photos to take when documenting an accident.

- Damage to your vehicle
- Damage to other vehicles involved
- License plate(s) of vehicles involved
- Landmarks, street signs, or address markers to identify the location
- Damage to any property or objects at the scene (debris, skids, fallen trees, etc.)

**Be Safe.** DO NOT take photos at the scene if doing so will put you or others at risk of injury or further damage!

### — Protect Your ID

**DO NOT** allow your driver's license to be photographed. Provide your name and correct **VEHICLE INSURANCE INFORMATION** to others involved in an accident.



## — Auto Accident Checklist

- **Be Calm**  
Call an ambulance, if needed. ALWAYS call the police. File an incident report.
- **Be Safe**  
Traffic, fire, injury, debris, and weather all pose continuing risks.
- **Be Smart**  
Be courteous, but do not admit fault. ALWAYS protect your identity.
- **Be Informed**  
Use this guide to collect information to file an accident report with your insurance.

#### YOUR VEHICLE INSURANCE INFO

Member/Insured Name: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Phone: 800-442-4742 \_\_\_\_\_

Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## — Vehicle Information

Vehicles may be borrowed, rented, etc. Be sure the insurance information (VIN, make, model, etc.) matches each vehicle in question.

### Other Driver/Vehicle Info

#### #1

Name: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Obtain if ownership/insurance documentation not provided:**

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

#### #2

Name: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Obtain if ownership/insurance documentation not provided:**

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

## — Damage Information

Include address (location) and description of damage to objects or property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## — Passenger/Witness Information

#### #1

Name: \_\_\_\_\_

Passenger or Witness: \_\_\_\_\_

Phone: \_\_\_\_\_

#### #2

Name: \_\_\_\_\_

Passenger or Witness: \_\_\_\_\_

Phone: \_\_\_\_\_

## — Police Information

Was a police report filed: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

Report #: \_\_\_\_\_

Time/Date: \_\_\_\_\_

## — Fire Dept. Information

Was a fire report filed: \_\_\_\_\_

Firefighter's Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

Station #: \_\_\_\_\_

Report #: \_\_\_\_\_

Time/Date: \_\_\_\_\_

## — Notes/Drawings

Add any additional notes or drawings here.

## — Contacts

### Report the Claim

#### Sedgwick

- Call VIP Claims: 877-832-0390, option #3  
OR
- Email: 7683NPU@sedgwick.com  
OR
- Submit a report online:  
Nonprofitsunited.com/member-accident-report/

### Call your Supervisor