

DRIVER'S ACCIDENT REPORTING KIT

Date of Report: _____

Date of Incident: _____

Time: _____ A.M. P.M.

DRIVER INFORMATION

Name (First, Middle, Last)			Address		
Telephone No.	Vehicle Year	Vehicle Make	Vehicle Model	VIN No. (Identification)	
Description of Damage					
Any Passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list below:					
Name		Address		Telephone No.	
Name		Address		Telephone No.	
Name		Address		Telephone No.	

OTHER PARTY INFORMATION

Name (First, Middle, Last)			Address		
Telephone No.	Driver's License Number & State		Expiration	Date of Birth	
Name of Insured					
Insurance Company or Agency			Policy Number	Policy Expiration Date	
Vehicle Year	Vehicle Make	Vehicle Model	VIN No. (Identification)		
Description of Damage					
Any Passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list below:					
Name		Address		Telephone No.	
Name		Address		Telephone No.	
Name		Address		Telephone No.	

LOCATION OF ACCIDENT(Street Address and Intersection)			City	State	Zip
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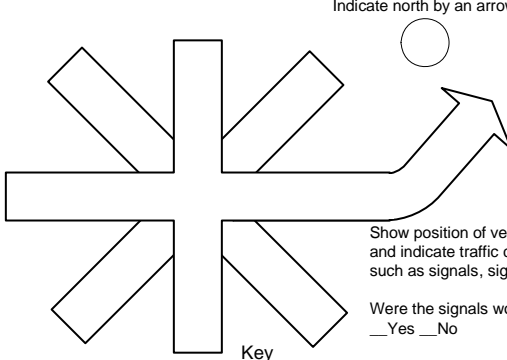
POLICE INFORMATION

Police Agency: Hwy Patrol City PD Sheriff's Office Other (List): _____

Case Number:	Anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ticket issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	To whom?
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LOCATION <input type="checkbox"/> Intersection <input type="checkbox"/> Residential Road <input type="checkbox"/> Parking Lot <input type="checkbox"/> Highway <input type="checkbox"/> Rural Road <input type="checkbox"/> Other: _____	ROAD <input type="checkbox"/> Dry <input type="checkbox"/> Under Repair <input type="checkbox"/> Wet <input type="checkbox"/> Unpaved <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Other: _____	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Snowing <input type="checkbox"/> Raining <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	LIGHT <input type="checkbox"/> Day <input type="checkbox"/> Street Light <input type="checkbox"/> Sunset <input type="checkbox"/> Dawn <input type="checkbox"/> Dark <input type="checkbox"/> Other: _____
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ACCIDENT SEVERITY: INSURED DRIVER <input type="checkbox"/> No Injuries <input type="checkbox"/> Bruises, No Broken Bones <input type="checkbox"/> Broken Bones, Nonlife Threatening <input type="checkbox"/> Life Threatening <input type="checkbox"/> Death	CITATIONS: INSURED DRIVER <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Illegal Turn <input type="checkbox"/> Reckless Driving <input type="checkbox"/> Fail To Yield <input type="checkbox"/> Speeding <input type="checkbox"/> Other: _____	ACCIDENT SEVERITY: OTHER DRIVER <input type="checkbox"/> No Injuries <input type="checkbox"/> Bruises, No Broken Bones <input type="checkbox"/> Broken Bones, Nonlife Threatening <input type="checkbox"/> Life Threatening <input type="checkbox"/> Death	CITATIONS: OTHER DRIVER <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Illegal Turn <input type="checkbox"/> Reckless Driving <input type="checkbox"/> Fail To Yield <input type="checkbox"/> Speeding <input type="checkbox"/> Other: _____
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Headlights on? Your Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No ACCIDENT DESCRIPTION: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Passenger/Witness Name:</td> <td>Phone No. ()</td> </tr> <tr> <td colspan="2">Address:</td> </tr> <tr> <td>Passenger/Witness Name:</td> <td>Phone No. ()</td> </tr> <tr> <td colspan="2">Address:</td> </tr> <tr> <td>Passenger/Witness Name:</td> <td>Phone No. ()</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Passenger/Witness Name:	Phone No. ()	Address:		Passenger/Witness Name:	Phone No. ()	Address:		Passenger/Witness Name:	Phone No. ()	Address:		ACCIDENT DIAGRAM: INDICATE ON THIS DIAGRAM WHAT HAPPENED: Indicate north by an arrow  Show position of vehicles and indicate traffic controls such as signals, signs, etc. Were the signals working? ___Yes___No Key I = Insured; 1 = Other Vehicle; 2 = Other Vehicle
Passenger/Witness Name:	Phone No. ()												
Address:													
Passenger/Witness Name:	Phone No. ()												
Address:													
Passenger/Witness Name:	Phone No. ()												
Address:													

DRIVER'S ACCIDENT REPORTING KIT
KEEP THIS IN YOUR VEHICLE FOR USE WHEN IN AN ACCIDENT

FIRST

- Stop immediately and determine if there is damage to your vehicle or to another vehicle(s). If possible, avoid obstructing traffic.
- Place emergency flags or flares along the roadside preceding the accident site.
- Contact the appropriate medical personnel as soon as possible.
- Direct someone to contact the local law enforcement agency; or, if possible, call them yourself.
- Notify your employer of the accident as soon as possible.

SECOND

- Obtain: 1. Names, addresses, and phone numbers of drivers and occupants of the other car(s); 2. Names, addresses, and phone numbers of anyone injured; and, 3. Names, addresses, and phone numbers of any witnesses.
- Complete the enclosed Auto Accident Report Form promptly and submit it to your employer.
- If a camera is available, take photographs of: 1. The accident scene from your direction of travel; 2. The vehicle positions from a close up range; 3. The damaged area; 4. Skid marks, and 5. The other vehicle (include license plate).
- Employer should forward the Driver Report of Accident Form to their insurance agent.
- Promptly contact the FCCI Insurance Group* Claims Center at **1-800-226-3224** and report the accident.

THIRD

Consider the use of an FCCI Insurance Group Freedom Select Repair Shop which can be located in Express Serve or through the handling claim adjuster.

IMPORTANT

- Do not make or give a statement to anyone except:
 1. A law enforcement officer
 2. A representative from your employer
 3. A claims representative from FCCI Insurance Group
- Do not make any settlements with anyone, and do not argue about the accident or who is at fault for the accident.
- Do not offer to make any payments.
- If the accident involves an unattended vehicle or fixed object, take reasonable steps to locate and notify the owner. If the owner cannot be found, leave a notice in a conspicuous place on the vehicle or object, listing your name and address, the name of your employer, and the phone number for your employer.

It is important that all claims are reported to us **AT ONCE!**

FCCI INSURANCE GROUP 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240-8424 PHONE: 1-800-226-3224 FAX: 1-800-226-2003 www.fcci-group.com
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Every incident involving an automobile, regardless of the driver's or insured's assessment of fault, should be reported to FCCI Insurance Group with as complete information as possible including names, addresses, and phone numbers of all involved parties and witnesses.

SOME IMPORTANT THINGS TO REMEMBER WHEN REPORTING A CLAIM

1. Complete the enclosed Auto Accident Report on all automobile claims.
2. Notify FCCI Insurance Group immediately if you are served with a legal summons or suit papers.
3. **DO NOT ADMIT FAULT OR SIGN ANYTHING EXCEPT A TRAFFIC CITATION** until you have consulted with FCCI Insurance Group.

NOTE: This publication is not a part of your policy. The information contained in this publication is provided for informational purposes only and does not attempt to identify all potential hazards or remedial actions. The information provided is only to assist you in your compliance and loss control efforts. FCCI Insurance Group* shall not be liable for any loss, death, damage or expense arising out of the use of the suggested loss control measures. FCCI Insurance Group* makes no representations and provides no legal advice regarding federal or state requirements. There may be additional federal and state requirements with which you are required to comply that are not contained in this material. You are solely responsible for complying with federal and state laws, including compliance with any changes in the law, and for the safety of your operations. If you have question or concerns regarding legal compliance please consult your legal adviser.

*The FCCI Insurance Group includes the following insurance carriers: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company, and National Trust Insurance Company.