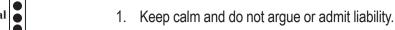
#### **Accident Scene Sketch**

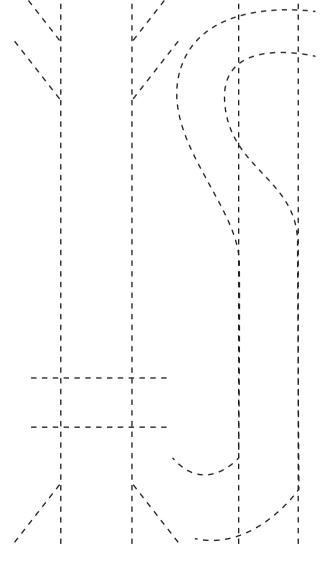
### If You Have An Accident







- 2. Notify the police.
- 3. If injuries are involved, please get immediate medical aid.
- 4. Only discuss the accident with police officers or authorized representatives of your insurance company.
- 5. Fill out all applicable information on this form before you leave the scene and while the information is fresh in your mind.





600 Emerson Road, Suite 107 St. Louis, MO 63141

> tel 636 255 8585 fax 636 255 8586 Illinois 618 623 4124

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# If You Have An Auto Accident...

Here is a guide to help you collect all the information you'll need.

Put this with your insurance

ID card and place both in the glove box.

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# Your Description of The Accident

## **Vehicles Involved**

### Witnesses

	Vehicle #1 (Your vehicle.)	Witness #1
	 Make & Model #:	Name:
	VIN#:	Address:
	(as it appears on your insurance card.)	City/State/Zip:
		Daytime/Evening Phone:
	Vehicle #2	Cellular Phone:
	Make & Model #:	
	License # & State on Plate:	Witness #2
	Driver's Name:	— Name:
	Address:	— Address:
	City/State/Zip:	— City/State/Zip:
	Daytime/Evening Phone:	•
	Cellular Phone:	— Cellular Phone:
	Insurance Carrier's Name:	_
	Insurance Carrier's Phone:	Witness #3
	Insurance Carrier's Policy #:	
	Injuries (if any):	Name:
		Address:
		City/State/Zip:
	Vehicle #3	Daytime/Evening Phone:
	Make & Model #:	Cellular Phone:
	License # & State on Plate:	
	Driver's Name:	<ul><li>Date, Time, Place &amp; Conditions</li><li>of Accident Location</li></ul>
	Address:	
	City/State/Zip:	Date: Time: AM or PM (circle of
	Daytime/Evening Phone:	In City of:
Municipality/Police Department:	Cellular Phone:	On:
	Insurance Carrier's Name:	At:
Name & Badge # of Officer:	Insurance Carrier's Phone:	Weather Conditions:
	Insurance Carrier's Policy #:	<u> </u>
	Injuries (if any):	_
Police Report #		_