



## WHAT TO DO AFTER AN AUTO ACCIDENT

1. **Call 911** and report the accident.
2. **Move your vehicle** to a safe location, if possible.
3. **Record the facts** completely and accurately by completing the information at right and taking photos. See “quick tip” below. This includes recording names, contact information, and insurance information of the other drivers, and contact information of any witnesses.
4. **Take notes and photos** of any property damages caused by the accident.
5. **Do not admit fault.** Only give out information required by authorities, and do not sign any statements.
6. **Contact Manry Heston** at 770-939-3231 to report the claim; **or**
7. **Call your insurance company** directly to report the claim, receive towing assistance for your vehicle, and arrange for a rental car. Claims reporting info can be found on your insurance card or on the carrier’s website.

**Quick Tip:** At minimum take a photograph of the other party’s driver’s license, insurance card, tag number, and damages. **DO NOT RELY ON THE POLICE REPORT.** Waiting on the police report slows down the claims process.

### Accident Details

When \_\_\_\_\_ at \_\_\_\_\_  am  pm  
Where \_\_\_\_\_  
Weather Conditions:  Clear  Rain  Snow  Fog  Sheet  Other  
Road Conditions:  Dry  Wet  Icy  Under Construction  Other  
Responding Police Department and Report No. \_\_\_\_\_  
Describe the accident: \_\_\_\_\_  
\_\_\_\_\_

### Other Vehicle

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Plate # \_\_\_\_\_ Color \_\_\_\_\_ # of Passengers \_\_\_\_\_  
Vehicle Owner \_\_\_\_\_ Damage \_\_\_\_\_  
\_\_\_\_\_

### Other Driver

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_  
Driver’s License # \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Company \_\_\_\_\_

### Witness #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

### Witness #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_