

# If You Have an Accident...

## Accidents Can Happen!

Being in an automobile accident can be stressful and overwhelming. We at Blackburn, Fetter, and Myers hope you never go through this; but if you do, you can count on us to assist you with the claim.

Our services begin within minutes of the accident by providing you with this Driver's Report of Motor Vehicle Accident. With this report form, you won't have to worry about forgetting to get some important information—and we'll be able to give you fast service in processing your claim.

Please call our office (513) 732-2600 if you are in an accident involving personal injuries, however slight, or if you struck the rear of another vehicle (even though there appears to be no personal injuries at the time).

## IF AN ACCIDENT OCCURS:

- Stay clam.
- Stop at once. If possible, move your vehicle onto the shoulder or side of the road to prevent further damage.
- Call Police. If someone is injured, call for medical assistance.
- Do not admit fault or sign anything.
- Do not discuss with anyone, except an authorized representative from Blackburn, Fetter, and Myers (or your insurance company) or the Police authorities.

Please fill out the information below as completely as possible or obtain a police report.

## **Description of Accident**

Briefly describe what happened:

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

## **Vehicle Information**

Your Car Year, Make, & Model: \_\_\_\_\_

Damage to your vehicle: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Going in which direction?: \_\_\_\_\_ Speed (MPH): \_\_\_\_\_

Side of road: \_\_\_\_\_ Distance from curb: \_\_\_\_\_ Signals (horn, light): \_\_\_\_\_

Police Dept.: \_\_\_\_\_ Officer Name: \_\_\_\_\_

**Damage to Property of Others**

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

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

Driver Name, Phone, and Address (if different):

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

Year, Make & Model of Vehicle: \_\_\_\_\_

License State: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Insurance Agency & Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Auto Policy #: \_\_\_\_\_

Damage to the vehicle: \_\_\_\_\_

**Injured in Accident:**

List full names and addresses, nature of injuries to each, and where each person was taken after the accident.

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

**Witnesses:**

List full names, addresses, and phone numbers of those who witnessed the accident.

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