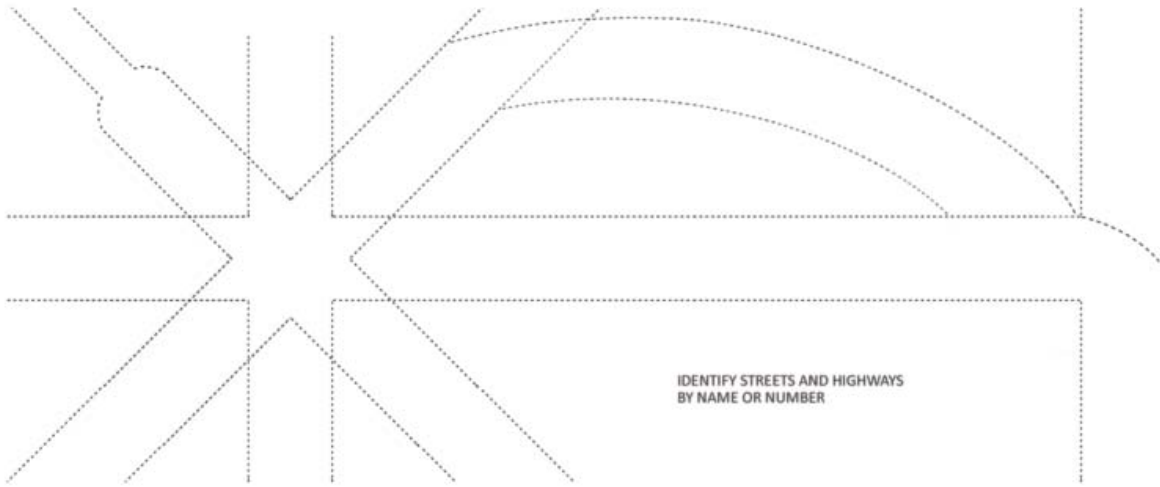


WHAT TO DO AFTER AN ACCIDENT

1. Take immediate action to prevent further damage at the scene of the accident.
 - a. Pull onto shoulder or side of road.
 - b. Place warning signals promptly and properly.
2. Call Police. If someone is injured, request medical assistance. If fire is involved, request Fire Department aid.
3. Exchange "Traffic Accident Exchange Information" portion of this form with other driver(s).
4. Secure names and addresses of all witnesses to the accident.
5. Be courteous. Answer police questions. Give identifying information to the other party(ies) involved, but make no comments about assuming responsibility.
6. Complete the "Driver's Report of Motor Vehicle Accident" portion of this form. You will need this information later for state and insurance reports.
7. As soon as possible, report the accident to your insurance company and your employer.

DIAGRAM WHAT HAPPENED



INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of accident.
2. Number each vehicle and show direction of travel by arrow

3. Use solid line to show path before accident
dotted line after accident

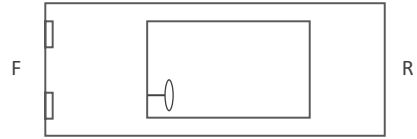
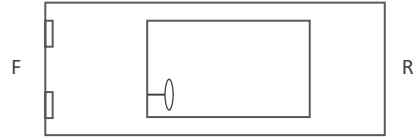
4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

QUESTIONS?
Contact Irwin Siegel Agency, Inc.'s Claims Division at 1.800.622.8272 or isaclaimssupport@siegelagency.com

DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

Bottom portion of reverse side should be completed and exchanged with the other driver involved in the accident.

DRIVER'S REPORT OF MOTOR VEHICLE ACCIDENT

1. WHERE ACCIDENT OCCURRED			2. WHEN ACCIDENT OCCURRED						
COUNTY _____ CITY _____ Road or Street on which accident occurred _____ <small>(Highway Number, U.S. or State, if no highway number identify road by name)</small> At intersection with _____ <small>(Number or Name of intersecting Highway or Street)</small> If not at intersection _____ OR _____ N S E W of _____ <small>Feet Miles Circle One (Nearest Highway, Street, Bridge, or other Landmark)</small>			DATE: MM/DD/YYYY TIME : _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. NUMBER OF VEHICLES INVOLVED IN ACCIDENT _____ DID POLICE OFFICER INVESTIGATE ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No WAS TRAFFIC CITATION ISSUED TO DRIVER #1? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. VEHICLE NUMBER 1 - YOUR VEHICLE			CIRCLE POINT OF IMPACT - VEHICLE #1 						
COMPANY NAME	ADDRESS	LOCATION CODE							
DRIVER'S NAME (LAST, FIRST, MIDDLE)		VEHICLE LICENSE NUMBER - STATE & YEAR	CIRCLE POINT OF IMPACT - VEHICLE #2 						
VEHICLE MAKE YEAR MODEL & TYPE	IDENTIFICATION NUMBER - SERIAL								
4. DRIVER NUMBER 2 - OTHER DRIVER - OR PEDESTRIAN									
NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian		DOB: MM/DD/YYYY DRIVERS LICENSE # STATE <input type="checkbox"/> Male <input type="checkbox"/> Female							
STREET ADDRESS		CITY STATE COUNTY							
5. VEHICLE NUMBER 2 - OTHER VEHICLE									
OWNER'S NAME	ADDRESS	LOCATION CODE							
VEHICLE MAKE YEAR MODEL & TYPE	VEHICLE LICENSE NUMBER - STATE & YEAR								
IDENTIFICATION NUMBER - SERIAL	WAS TRAFFIC CITATION ISSUED TO DRIVER #2? <input type="checkbox"/> Yes <input type="checkbox"/> No								
6. LIST PERSONS INJURED OR KILLED			AGE	SEX	VEH#	SEATING	SEATBELTS	EJECTION	INJURY
NAME	ADDRESS								
DESCRIBE INJURIES									
NAME	ADDRESS								
DESCRIBE INJURIES									
NAME	ADDRESS								
DESCRIBE INJURIES									
NAME	ADDRESS								
DESCRIBE INJURIES									
7. OTHER PROPERTY DAMAGE									
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES			OWNER'S NAME						
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES			OWNER'S ADDRESS						
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES			OWNER'S NAME						
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES			OWNER'S ADDRESS						

TRAFFIC ACCIDENT EXCHANGE INFORMATION

Exchange this portion of the form with the other driver

ON	IN
Name or number of street or highway	City or town County State
Names of intersecting roads or distance from landmark	Hour Day of week Date Month Year
AT	
Driver - print full name	Address City & State Phone
Owner - print full name	Address City & State Phone
Driver's License Number State	Birthdate MM / DD / YYYY Insurance Company
Vehicle Make License Plate Number State	Year Color Agent Name & Address
Parts of vehicle damaged	Agent's Phone No.