

Liberty Mutual Insurance Company
What to Do in Case of an Accident

Complete as much as you can and refer to this when reporting your accident – do NOT mail it

When and Where did this happen?

Date/Time: _____ Street/HWY/Intersection: _____ City/State: _____

Were the police at the scene?

Police department/precinct name: _____ Officer/badge #: _____ Citations issued: Yes No To whom: _____

Who was operating your car?

Operator's name: _____ Address: _____ Phone: _____ Drivers lic./state: _____ Age/DOB: _____

Identify the other car(s)

| | Car 1 | Car 2 |
|----------------------------------|-------|-------|
| Make/model: | _____ | _____ |
| Year: | _____ | _____ |
| Plate Number (important): | _____ | _____ |
| State: | _____ | _____ |
| Describe damage: | _____ | _____ |

Who was operating the other car(s)

| | Car 1 | Car 2 |
|------------------------|-------|-------|
| Operator's name: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Drivers license/state: | _____ | _____ |
| Age/DOB: | _____ | _____ |

Who owns the other cars(s)

| | Car 1 | Car 2 |
|------------------------|-------|-------|
| Registered Owner Name: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Insurance Company: | _____ | _____ |
| Policy number: | _____ | _____ |

Who was in the other car(s)

| | Car 1 | Car 2 |
|------------------------------------|-------|-------|
| 1) Name: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Injured Yes/No (important): | _____ | _____ |

Who was in the other car(s)

| | Car 1 | Car 2 |
|------------------------------------|-------|-------|
| 2) Name: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Injured Yes/No (important): | _____ | _____ |

Who was in the other car(s)

| | Car 1 | Car 2 |
|------------------------------------|-------|-------|
| 3) Name: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Injured Yes/No (important): | _____ | _____ |

Witnesses:

1) Name: _____ Address: _____ Phone: _____
2) Name: _____ Address: _____ Phone: _____
3) Name: _____ Address: _____ Phone: _____

Weather Conditions: _____

Please gather information of all involved vehicles.

Notes: _____