

# ACCIDENT FLOWCHART

Accident is YOUR Fault



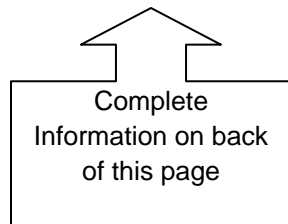
Accident is NOT YOUR FAULT



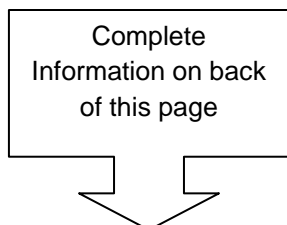
If injuries are present, regardless of fault, call police and seek appropriate medical attention then call your insurance company on the 24 hour claims reporting line. The specific number for your company will be listed on your insurance ID Card.



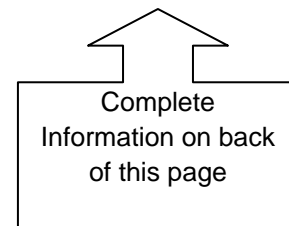
If significant damage is caused to the other party or your vehicle, call your insurance company to report claim. Provide other driver your insurance information and advise them to call your insurance company immediately. Call our agency next to report claim



If only a small dent or a few scratches are caused to the other party's vehicle or your vehicle and you are positive no injuries, even if minor are evident – Have the person whom you hit call our office to report the claim, our number is listed on back of this page. (You must call as well)



If any damage is caused to your vehicle, if possible call police for a police report to be taken



**IF YOU ARE NOT SURE WHO IS AT FAULT**



1. Call the police
2. Do not leave the scene of the accident
3. Do not admit responsibility at the scene
4. Fill out information on back of this page

Client Name of Pathway Insurance: \_\_\_\_\_



**VITAL INFORMATION**

Your telephone number: \_\_\_\_\_

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_



Name of other Driver or Pedestrian involved in accident with you: \_\_\_\_\_

Explain as briefly as possible details of accident including injuries:

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

Address of other driver: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Phone Numbers of other driver involved in accident with you:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_



License Plate # of car that you hit: (Or hit you) \_\_\_\_\_

Insurance Company/Agent of other driver: \_\_\_\_\_



Policy #: \_\_\_\_\_

Telephone # of Agent/Insurance Company: \_\_\_\_\_

Name & telephone # of investigating police officer & department: \_\_\_\_\_

**Are there any witnesses to the accident?**

Witness 1 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

List Passengers in ALL vehicles involved in accident:

Name	Address	City	State	Telephone	Complaints of Injury?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Please place this in the glove box of your car for ready reference*

**COMPLETE ALL INFORMATION ABOVE AND FAX TO:  
513-662-7243 OR CALL 513-662-7000**