Bristol West® Auto Accident Checklist

Keep a pen and a copy of this Accident Checklist in your glove box. Policyholders call 1-800-274-7865 to file a claim.

If you're involved in an auto accident:

1. Stay as calm as possible.
2. Check for injuries. Safety is more important than vehicle damage. Call an ambulance if needed.
3. Turn on your hazard lights. Use cones, warning triangles or flares for safety.
4. Call the police, even for minor accidents.
5. Make immediate notes about the accident including the specific damages to all vehicles involved.
6. Be polite and state only the facts. Don’t tell the police or other drivers that the accident was another driver’s fault or was your fault. You likely don’t know all the facts. Let the police sort out all the facts to establish what happened.
7. If a camera is available, and if it is safe to do so, take photographs of the scene.
8. Notify your insurance agent about the accident immediately.
9. Please remember that getting the facts is important, but only police officers and insurance companies should investigate the accident.

If you know of insurance fraud, report it to our Auto Fraud hotline at 1-888-662-6616.

You can count on the value and expertise that comes with every Bristol West policy, along with the peace of mind that comes from knowing that your policy is backed by our dedicated claims service that will get you back on the road quickly and fairly in the event of loss.

FILL OUT THIS REPORT AS COMPLETELY AS POSSIBLE:

1. Police called? Yes____ No____
2. Other vehicle information:

   Driver: ____________________________________________
   Name: ____________________________________________
   Address: __________________________________________
   Phone: ____________________________________________
   Driver's License: __________________________________
   Relationship to registered owner: _____________________

   Registration:
   Name of registered owner: __________________________
   Address: __________________________________________
   License Plate: __________________________ Expiration Date: __________

   Vehicle:
   VIN: _____________________________________________
   Make: ____________________________________________
   Model: ___________________________________________
   Year: ______________  Color: _____________________
   Insurance Company: ______________________________
   Policy Number: __________________________________
   Phone: _______________  Expiration Date: __________

3. Accident Information

   Police report taken? Yes_____ No______
   Report Number: __________________________________
   Officer Name: ____________________________________
   Badge Number: ____________________________________
   Time: ______________ AM / PM  Date: __________

   Location of collision: ______________________________
   Direction of travel: ______________________________
   Your vehicle: _____________________________________
   Other vehicle: ____________________________________

   Injuries:
   Your own: ________________________________________
   Your passengers: _________________________________
   Other driver: _____________________________________
   Their passengers: _________________________________
   Pedestrians: _____________________________________

   Area of Damage:
   Your vehicle: _____________________________________
   Other vehicle: ____________________________________
   Other property: _________________________________

   Diagram of Accident Scene:
   Using these symbols sketch a diagram showing positions of all vehicles, your position, stop lights, stop signs and pedestrians.

   1  First Car  X  Your position  STOP  Stop sign
   2  Second Car  PEDESTRIAN  STOP  Stop light
   3  Third Car  WITNESS

North/South Street: _________________________________
East/West Street: _________________________________

Record description of the accident on back.