

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: _____