



## ACCIDENT REPORT FORM

The accident report form is a useful tool to assist you in the event you have an accident, loss, you are injured, your vehicle is disabled or you need a rental car.

Please place a copy of this form in each of your vehicles as a reference tool to help you remember information necessary in processing your claim.

In the event of an accident, there are several things to remember:

- ◆ **Move to a safe location** if you or your car is creating a safety hazard or if you're concerned with your safety.
- ◆ **Do not leave the scene of the accident** until you have exchanged contact information with the others involved.
- ◆ **Call the police** and follow their instructions.
  - **Call 911** if there are any injuries
  - In minor accidents, the police may instruct you to exchange information and then contact your insurance company
- ◆ **Do not discuss who is at fault** with other parties.
- ◆ **Do not disclose your policy details.** You should only share your drivers license number, that you're insured with USAA, provide your member and USAA's phone number.
- ◆ **Collect as much information as you can** about the other drivers using the form below.

By contacting USAA at [usaa.com](http://usaa.com) or by phone at **1-800-531-8722 (USAA)** you can:

- ◆ **Report your claim.**
- ◆ **Request a tow** from the scene of the accident. If your vehicle has already been moved for storage or safety, we can assist you in having your vehicle towed from the storage location.
- ◆ **Reserve a rental** vehicle.
- ◆ **Arrange your repairs.** You have the right to select the repair shop of your choice. If you are uncertain where to have your damaged vehicle repaired, USAA can assist you in selecting a repairer in the USAA's STARS<sup>1</sup> auto repair network convenient to your business or home. If you select the STARS option, repairs will be warranted for as long as you own the vehicle.

If you are not injured and can exchange information with the other driver(s), we ask that you attempt to collect the following information to assist in expediting your claim. (Use the other side of this form for more room if necessary.)

LOSS INFORMATION	
Date of Accident: _____	Street/Location: _____
Time of Accident: _____	City and State: _____
Police/Sheriff Dept. _____ Report #: _____	
OTHER VEHICLES AND PARTIES	
Name of Driver: _____	Name of Driver: _____
Address, City, St: _____	Address, City, St: _____
Drivers License Number: _____ State: _____	Drivers License Number: _____ State: _____
Phone Number: _____ Insurance Co.: _____	Phone Number: _____ Insurance Co.: _____
Policy Number: _____	Policy Number: _____
Vehicle License Number: _____ State: _____	Vehicle License Number: _____ State: _____
Year of Vehicle: _____ Make _____ Model _____	Year of Vehicle: _____ Make _____ Model _____
Passengers (y/n): _____ How Many: _____ Injuries (y/n): _____	Passengers (y/n): _____ How Many: _____ Injuries (y/n): _____
Passenger Names: _____	Passenger Names: _____
Witnesses: _____	Witnesses: _____

<sup>1</sup>STARS facilities are part of USAA's repair network program and warrant repairs for as long as you own your vehicle. Regardless of where you have your vehicle towed after an accident, you are entitled to have your vehicle repaired at the shop of your choice.