

# WHAT TO DO IN CASE OF AN AUTOMOBILE ACCIDENT

1. If necessary, move your vehicle to the side of the road to prevent further damage or injury. Place road warnings as needed.
2. Call 911 and report the accident immediately. Repeat your request after five minutes if help has not yet arrived. If police cannot respond to the scene, take a statement from the other driver(s) involved and file a police report as soon as possible.
3. Stay calm. Be courteous.
4. Obtain names, addresses, driver's license numbers, and insurance information of drivers and occupants of all cars involved, especially when injuries have occurred.
5. Make no statement concerning the accident to anyone except a police officer. Get his or her name and badge number.
6. Secure and solicit the aid of witnesses at the scene. Get the information of any witness who will be of value to the adjuster in claims settlement.
7. Take photos and videos of damaged property and accident location for future use in a subrogation claim.
8. Before leaving the scene of the accident, check to determine if all factual information has been recorded.
9. Report the accident immediately to the police or other authority as required by law.
10. When you are safe and any injuries you've suffered have been attended to by a healthcare professional, report the accident to 1-800-318-8870, ext. 1 or email [cxcsd@sedgwick.com](mailto:cxcsd@sedgwick.com).

## IMPORTANT PHONE NUMBERS

YOURS: \_\_\_\_\_

OWNER'S: \_\_\_\_\_

OTHER DRIVER: \_\_\_\_\_

OTHER DRIVER: \_\_\_\_\_

# WITNESS INFORMATION

Your cooperation in filling out this section and returning it to the driver will enable us to handle this matter in fairness to all parties concerned.

## WITNESS #1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCIDENT OCCURRED AT: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

DID YOU SEE THE ACCIDENT HAPPEN?  YES  NO

DID YOU SEE ANYONE HURT?  YES  NO

WERE YOU RIDING IN A VEHICLE INVOLVED?  YES  NO

ADDITIONAL INFO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WITNESS #2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCIDENT OCCURRED AT: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

DID YOU SEE THE ACCIDENT HAPPEN?  YES  NO

DID YOU SEE ANYONE HURT?  YES  NO

WERE YOU RIDING IN A VEHICLE INVOLVED?  YES  NO

ADDITIONAL INFO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Accident Reporting Brochure

To report a claim:

1-800-318-8870, ext. 1  
to access Sedgwick's claims menu

or

[cxcsd@sedgwick.com](mailto:cxcsd@sedgwick.com)

CLAIMS SERVICES PROVIDED BY:  
**SEDGWICK CLAIMS MANAGEMENT**



