If you are in an accident PROTECT YOURSELF

Guidelines to help you get through an accident



- 1 Stop Your Vehicle Immediately
- 2 Turn On Your Emergency Flashers
- Put Out Triangles

 Be sure at least one warning signal (triangle, flare, etc.) can be seen from all directions.
- Help Any Injured Parties

 DO NOT move anybody before medical help arrives. Cover the injured parties to keep their body temperatures stable; use appropriate first aid ONLY if you are trained to do so.
- Wotify Police
 Use cell phone, ask a passerby to contact authorities, or use CB CHANNEL 9 to alert a patrol officer.
- Take Photos
 While waiting for the police to arrive, use a camera or cell phone camera to take as many photos as you can of the scene, skid marks, debris and vehicles from various angles.
- Give your name, address, company name and VIN to the proper authorities only. Do NOT discuss the facts of the accident with anyone else. Ask the officer for the report number.

8 Get the Names of Involved Parties and Witnesses

At a minimum, record the names and phone numbers of all parties involved and witnesses to the accident. If possible, obtain address, insurance and driver's license information.

- 9 If the Other Driver Admits Fault...
 Ask the police to record that in their report, or if he/she insists that police not be called, request a signed and dated statement confirming fault.
- Secure Your Vehicle
 Take steps as needed to protect your vehicle from further damages or theft.
- 11 Contact Your Dispatcher
- Call Your Local Insurance Agent or Contact SUA Insurance Company at 1-877-782-3291 to Report a Claim
- Turn in Any Forms and Photos
 As soon as possible, preserve any documents and digital media and provide them to your safety director and local insurance agent.

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INSURED ACCIDENT REPORT

Accident Details

Company Driver #1	Witnesses:
D (A .) .	Name:
Date of Accident:	Phone:
Location of Accident:	Name:
City: State:	Phone:
Name of Driver:	Name:
Driver's License Number:	Phone:
Driver's Address:	
Location of Damages to Vehicle #1:	Diagram/Facts of the Accident:
Passengers:	
Number of passengers in Vehicle #1:	
Name/Phone number(s) of passenger(s) in Vehicle #1:	
Name:	
Phone:	
Name:	
Phone:	
Name:	
Phone:	Police Report:
	Police Report Number:
	Police Report Number.
	Police Report Number.
Driver #2	
Driver #2	Driver #3
Driver #2 Make/Model of Vehicle #2:	Driver #3
	Driver #3 Make/Model of Vehicle #3:
Make/Model of Vehicle #2:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name:
Make/Model of Vehicle #2:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name: Driver #3 License Plate Number:
Make/Model of Vehicle #2:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name: Driver #3 License Plate Number: Driver #3 Driver's License Number:
Make/Model of Vehicle #2: Driver #2 Name: Driver #2 License Plate Number:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name: Driver #3 License Plate Number:
Make/Model of Vehicle #2: Driver #2 Name: Driver #2 License Plate Number: Driver #2 Driver's License Number: Driver #2 Insurance Carrier/Policy #:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name: Driver #3 License Plate Number: Driver #3 Driver's License Number: Driver #3 Insurance Carrier/Policy #:
Make/Model of Vehicle #2: Driver #2 Name: Driver #2 License Plate Number: Driver #2 Driver's License Number: Driver #2 Insurance Carrier/Policy #: Location of Damages to Vehicle #2:	Driver #3 Make/Model of Vehicle #3:
Make/Model of Vehicle #2: Driver #2 Name: Driver #2 License Plate Number: Driver #2 Driver's License Number: Driver #2 Insurance Carrier/Policy #: Location of Damages to Vehicle #2: Passengers:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name: Driver #3 License Plate Number: Driver #3 Driver's License Number: Driver #3 Insurance Carrier/Policy #: Location of Damages to Vehicle #3:
Make/Model of Vehicle #2: Driver #2 Name: Driver #2 License Plate Number: Driver #2 Driver's License Number: Driver #2 Insurance Carrier/Policy #: Location of Damages to Vehicle #2: Passengers: Number of passengers in Vehicle #2: Name/Phone number(s) of passenger(s) in Vehicle #2:	Driver #3 Make/Model of Vehicle #3: Driver #3 Name: Driver #3 License Plate Number: Driver #3 Driver's License Number: Driver #3 Insurance Carrier/Policy #: Location of Damages to Vehicle #3: Passengers: Number of passengers in Vehicle #3: Name/Phone number(s) of passenger(s) in Vehicle #3:
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Call your local insurance agent or contact SUA Insurance Company at 1-877-782-3291 to report a claim.

