

**AUTOMOBILE ACCIDENT PROCEDURE**

If an accident involving agency owned or rental vehicle has just occurred, take any emergency actions that are necessary and follow these steps:

1. Call 911 immediately so an official accident report will be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.
2. Obtain the following information to complete the Automobile Accident Report.

**DEPARTMENT INFORMATION**

DEPARTMENT NAME: \_\_\_\_\_ LOCATION CODE (if applicable): \_\_\_\_\_  
 CONTACT PERSON (at location): \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ACCIDENT INFORMATION**

DATE/TIME OF INCIDENT: \_\_\_\_\_ POLICE CONTACTED?  YES  NO REPORT #: \_\_\_\_\_  
 LOCATION OF ACCIDENT: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_  
 DESCRIPTION OF ACCIDENT: \_\_\_\_\_

**INSURED VEHICLE INFORMATION**

DRIVER'S NAME: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 NAME OF DRIVER'S IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 VEHICLE YEAR / MAKE / MODEL: \_\_\_\_\_ PLATE #: \_\_\_\_\_ VIN: \_\_\_\_\_  
 DESCRIBE DAMAGE: \_\_\_\_\_  
 PASSENGER NAMES: \_\_\_\_\_  
 WAS ANYONE CLAIMING INJURY / WHO: \_\_\_\_\_ DESCRIBE INJURY COMPLAINTS: \_\_\_\_\_

**OTHER VEHICLE INFORMATION #1***(IF APPLICABLE)*

OTHER DRIVER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_  
 VEHICLE YEAR / MAKE / MODEL: \_\_\_\_\_ PLATE #: \_\_\_\_\_ VIN: \_\_\_\_\_  
 OTHER VEHICLE INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
 DESCRIBE DAMAGE: \_\_\_\_\_  
 PASSENGER NAMES: \_\_\_\_\_  
 WAS ANYONE CLAIMING INJURY / WHO: \_\_\_\_\_ DESCRIBE INJURY COMPLAINTS: \_\_\_\_\_

*NOTE: If there are additional vehicles, use a separate page to provide all vehicle information.*

**WITNESS INFORMATION***(IF APPLICABLE)*

WITNESS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

*NOTE: If there are additional witnesses, use a separate page to provide all witness contact information.*

**PLEASE SEND COMPLETED LOSS NOTICE TO:**

Contact Name – PHONE: 785-864-6202

EMAIL: [GGB.NRCClaimsCenter@ajg.com@ajg.com](mailto:GGB.NRCClaimsCenter@ajg.com@ajg.com); AND [Cheryl\\_Kelley@ajg.com](mailto:Cheryl_Kelley@ajg.com)