POLICY NUMBER: 02APM049864

## **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:

- 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.
   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?	/ES 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 PHON	E:
NAME OF DRIVER'S IMMEDIATE SUPERVISOR:		PHONE #:
VEHICLE YEAR / MAKE / MODEL:	PLATE #:	VIN:
DESCRIBE DAMAGE:		
PASSENGER NAMES:		
WAS ANYONE CLAIMING INJURY / WHO:		
	OTHER VEHICLE INFORMATION #1 (IF APPLICABLE)	
OTHER DRIVER'S NAME:	HOME PHONE:	WORK PHONE:
ADDRESS:	CI	TY & 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 ad	ditional vehicles, use a separate page to provid	e all vehicle information.
	WITNESS INFORMATION (IF APPLICABLE)	
WITNESS NAME:	E	MAIL:
ADDRESS:	CI	TY & STATE:
HOME PHONE:	W	ORK PHONE:
NOTE: If there are addition	nal witnesses, use a separate page to provide al	l witness contact information.

## PLEASE SEND COMPLETED LOSS NOTICE TO:

Elliot Young - PHONE: 785-532-6233

**EMAIL:** GGB.NRCClaimsCenter@ajg.com; ecyoung@ksu.edu and Cheryl\_Kelley@ajg.com