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 & S	TATE:	
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 CO	DMPLAINTS:	
	OTHER VEHICLE INFORMATION #1 (IF APPLICABLE)		
OTHER DRIVER'S NAME:	HOME PHONE:	WORK PHONE:	
ADDRESS:	CITY & S	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 o	are additional vehicles, use a separate page to provide all veh	icle information.	
	WITNESS INFORMATION (IF APPLICABLE)		
WITNESS NAME:	EMAIL:		
ADDRESS:	CITY & STATE:		
HOME PHONE:	WORK PI	HONE:	
NOTE: If there are a	dditional witnesses, use a separate page to provide all witnes:	s contact information.	

PLEASE SEND COMPLETED LOSS NOTICE TO:

Contact Name - **PHONE**: 785-864-6202

EMAIL: GGB.NRCCLaimsCenter@ajg.com@ajg.com; AND Cheryl_Kelley@ajg.com