



AUTO ACCIDENT GUIDE

Accidents happen - even to the most careful drivers.

Knowing what to do after an accident will help you to remain calm and in control. It can also help you get back on the road faster. Take a moment to review this guide and keep it in your glove compartment in the event of an accident.

Accident Checklist

- Get help for the injured.
- Call the police. Remain at the scene of the accident.
- Warn oncoming traffic. Set hazard lights and flares.
- Try to remain calm.
- Do not admit fault.
- Exchange names, addresses, emails, phone numbers, makes of vehicles, driver's and vehicle license numbers, and insurance company/policy number information with all drivers.
- Get names, addresses, emails, and phone numbers of all passengers and witnesses.
- Sketch the accident (see diagram on back page).
- Examine and record damage to other vehicles and property.
- Take pictures of the scene and damage.
- Do not discuss the accident or sign any documents. Only answer questions asked by police and your Safeco claim representative.
- Call Safeco Claims at **1-800-332-3226**, promptly. Your Safeco claim representative will ask you some questions about the accident and will begin the claim resolution process immediately.

Emergency Checklist

Put together an emergency kit to keep in your car.

Be sure to include:

- Blanket
- Nonperishable food
- Notepad
- Pen or pencil
- Flares
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First-aid supplies
- Paper towels
- Disposable camera
- Emergency phone charger

How do I make a claim?

At Safeco, there is no "weekend." We're here to help you, 24 hours a day, 7 days a week.

Call 1-800-332-3226.

If you are in an accident, collect the following information. Then, call 1-800-332-3226 and report your claim.

Accident Facts

Date/Time _____
Where did the accident occur? _____

Condition of the road _____
Weather _____
How fast were you traveling? _____
How fast was the other vehicle traveling? _____
Responding police department _____
Police report case number _____
Damaged part of the vehicle _____

Other Vehicle

Owner's name _____
Insured by _____
Policy number _____
Vehicle license plate number _____
Email _____
Address _____

Vehicle make, model & year _____

Owner's driver's license number _____

Injured Person of Other Vehicle

Name _____

Phone _____
Email _____
Address _____

Age _____
Extent of injury _____

Damage to Other's Property

Owner _____
Phone _____
Email _____
Address _____

Description of damage _____

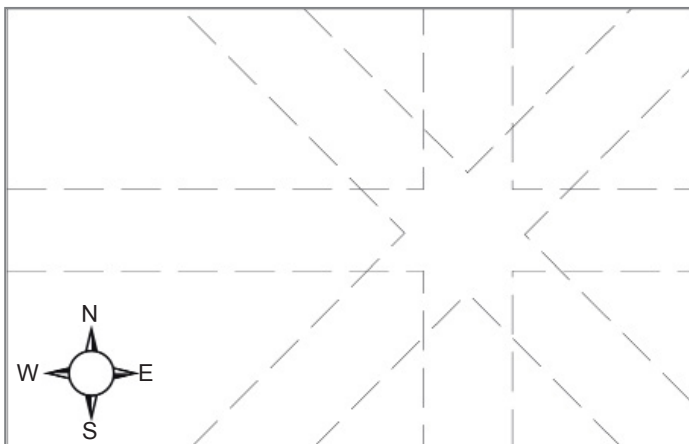
Witness(es)

Name #1 _____
Phone _____
Email _____
Address _____

Name #2 _____
Phone _____
Email _____
Address _____

Please sketch the accident.

Identify the vehicles and use an arrow to depict the direction the vehicles were traveling by using the examples below.



1

Your vehicle and travel direction

2

Other vehicle and travel direction

3

Other vehicle and travel direction

How did it happen?

