



RPM Agency Main Number

**(720) 683-0010**

Answered 24/7 as a  
Claims Guidance Hotline



## *“What should I do if I’m in an auto accident?”*

1. **Safety first**—Be aware of your personal safety and others at the accident scene first. Verify the condition of the passengers in your vehicle. If there are any injuries or property damage, call 911 immediately. Make sure that you and your auto (if drivable) are out of harm’s way.
2. **Keep calm**—Emotions may run high in the aftermath of a car accident. In spite of this, it is important to remain calm and stay focused at the task at hand: **documenting the accident**. Be careful what you say: don’t admit fault. An investigation may later show you were not responsible.
3. **Exchange information**—Take good notes. Keep a pad and pencil in your glove compartment or use your cell phone to document the following:
  - ⇒ Name, addresses and phone numbers of all drivers and passengers involved in the accident
  - ⇒ Car license number, make and model of each car involved in the accident
  - ⇒ Vehicle operator’s driver license number, insurance company and policy number
  - ⇒ Names and addresses of as many witnesses as possible
  - ⇒ Names and badge numbers of police officers
4. **Document damage**—Take photos of the accident scene and vehicle damage from multiple angles and of all vehicles involved. Record the details of the accident while they are fresh in your memory. Draw a diagram to recreate the scene.
5. **File a police report**—Even if no one is hurt from the accident, you should always contact the police and file an accident report. You might need it when you file a claim.
6. **Call the RPM Agency**—Call us 24 hours a day at our **Claims Guidance Hot Line: 720-683-0010**.

### **If you are a passenger in an auto accident:**

If you are injured, get prompt medical attention. Collect all your belongings from the damaged vehicle. Get the name, address and phone number of the driver and his/her insurance company information. Save all medical bills and receipts.

# Car Accident Information Form

(Keep this form in your car with a pen and your insurance card.)

## Quick Tips After an Accident:

- ✓ Try to stay calm
- ✓ If anyone is injured call for help immediately
- ✓ Call the police if there is significant property damage, your car is not drivable, or you suspect the other driver is guilty of a crime (ex. drunk driving)
- ✓ *Do not admit fault*, sign anything, or offer to pay for any damages regardless of the circumstances
- ✓ Discuss the accident only with the police
- ✓ Notify your insurance company as soon as possible
- ✓ Complete this form in as much detail as you can
- ✓ Take photos if possible (camera phone?)

## The Accident:

Date and Time: \_\_\_\_\_

Location: (include city, state & street names) \_\_\_\_\_

Road Conditions: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

What Direction Were You Going: \_\_\_ Your Speed: \_\_\_\_\_

\*On the opposite side of this form is a space to describe & sketch the accident in detail. Do this a.s.a.p.

*If police were called, obtain the following:*

Police Officer Name, Badge #, & Precinct: \_\_\_\_\_

Police Report #: \_\_\_\_\_

Any citations issued? List here: \_\_\_\_\_

Was Anyone Injured? List who (driver, pedestrian, etc.), name, address, phone#, & nature of injuries: \_\_\_\_\_

Name, Address & Phone# of Any Witnesses: \_\_\_\_\_

*\*Independent witnesses are most important*

## Vehicle #1:

Driver's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's Address & Phone #: \_\_\_\_\_

Owner's Contact Information: (if different than driver's) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expires \_\_\_\_\_

Vehicle Make, Model & Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Carefully examine the vehicle & describe any damage: \_\_\_\_\_

Name & Position of Passengers: (ex. driver's side rear) \_\_\_\_\_

## Vehicle #2:

Driver's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's Address & Phone #: \_\_\_\_\_

Owner's Contact Information: (if different than driver's) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expires \_\_\_\_\_

Vehicle Make, Model & Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Carefully examine the vehicle & describe any damage: \_\_\_\_\_

Name & Position of Passengers: \_\_\_\_\_

What Happened? (Describe the accident in detail)

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Sketch the accident in the space below:

- Show vehicles and roads in the sketch
- Using arrows, indicate the direction vehicles were traveling
- Number vehicles: Yours #1, Other(s) #2,3, etc.

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