

Agency Number: _____

Policy number: _____

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*.

Other Driver/Vehicle Information:

Name: _____ Day Time Phone #: () _____ Home Phone #: () _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Email: _____ Drivers DL #: _____ DL State: _____ DOB: _____

Year: _____ Color: _____ Make: _____ Model: _____ Lic Plate#: _____

Vehicle Owner's Name: _____ Policy Holder's Name: _____

Auto Insurance Carrier: _____

Policy #: _____ Auto Insurance Carrier Phone #: () _____

Number of people in the other vehicle: _____ (Circle appropriate): Driver / Front Passenger / Back right Passenger / Back left Passenger / Other (explain) _____

(use back of form for additional information)

Notice specific details of the damages to all vehicles/property involved. These details will need to be provided on the *Automobile Accident Report*. If you have a digital camera or a camera phone, take pictures of the vehicles involved and the accident scene.

3. Provide the state agency automobile insurance ID card to the police. The automobile insurance ID and this blank reporting form should be in the glove compartment of the vehicle. (After use of this form, please replace it with another blank form.)

4. Complete the enclosed *Automobile Accident Report* immediately and return the original to the state agency insurance contact (listed below) **within 24 hours of the accident**.

5. Contact your insurance contact at your state agency to report the claim and provide this completed *Automobile Accident Report*.

Name & Phone: _____ Email: _____

The insurance contact will use this completed form to add the claim information into the SORM property and casualty claims database.

6. Email this completed form and any photos of the accident scene to the Office of the Attorney General and laura.messina@texasattorneygeneral.gov, iris.moore@sorm.texas.gov, and Akbar.Sharif@alliant.com Call Liberty Mutual at **800-362-0000** to report the claim to Claims Reporting. Please provide the auto policy number and agency number as shown above.

Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to Liberty Mutual. Do not make any statements about the accident to anyone without first notifying Liberty Mutual and receive permission to do so.

AUTOMOBILE ACCIDENT REPORT - Commercial Vehicles

National Insurance

TELEPHONE THE NEAREST LIBERTY MUTUAL OFFICE
IF AN ACCIDENT INVOLVES

1. ANOTHER OCCUPIED VEHICLE
2. A PEDESTRIAN

3. ANY PERSONAL INJURY
4. EXTENSIVE PROPERTY DAMAGE

Claims Service Center 1-800-362-0000

Fax 1-800-329-3297



POLICYHOLDER

Policyholder Name	Location Code	Policy Number	Phone
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Business Address	City	State	Zip Code
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POLICYHOLDER VEHICLE

Vehicle Year, Make, Model	Vehicle VIN	License Plate No./State
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Trailer Year, Make, Model	Trailer VIN	License Plate No./State
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Description of Damage to Vehicle

DATE, TIME, AND PLACE

Date of Accident	Time	AM: <input type="checkbox"/> PM: <input type="checkbox"/>	Exact Location of Accident or Loss (Include cross-streets, mile-markers, etc)
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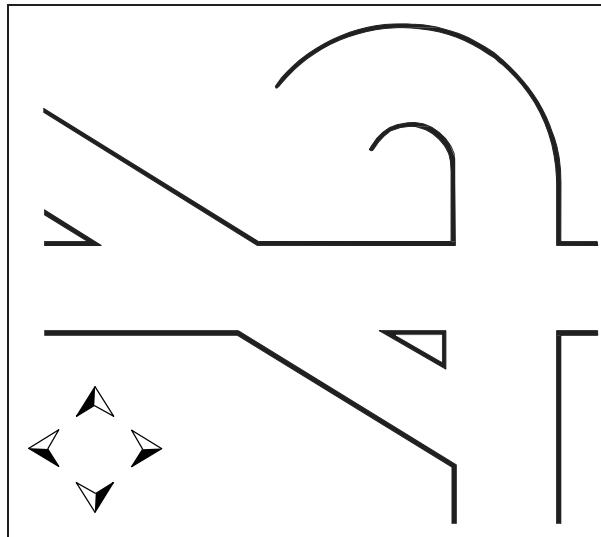
DRIVER OF POLICYHOLDER VEHICLE

Driver's Name and Address, City, State, Zip	Phone
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Driver's License No./State	Sex	Date of Birth	Social Security Number	Work Phone
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ACCIDENT INFORMATION

Driver's Description of Accident



Was Police Dept. Involved?	yes <input type="checkbox"/>	no <input type="checkbox"/>	Department Name
Citations Issued?	yes <input type="checkbox"/>	no <input type="checkbox"/>	To Whom
Witness Name			
Witness Address		Phone	
Additional Comments			
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Illustrate How Accident Occurred (Label Vehicles and Street Names)

OTHER VEHICLES INVOLVED (not Policyholder Vehicle)

VEHICLE 1			VEHICLE 2		
Owner Name		Sex	Owner Name		Sex
Owner Address, City, State, Zip			Owner Address, City, State, Zip		
Home Phone		Business Phone	Home Phone		Business Phone
D.O.B.	Age	Social Security Number	D.O.B.	Age	Social Security Number
Vehicle Year, Make, Model		License Plate/State	Vehicle Year, Make, Model		License Plate/State
Trailer Year, Make, Model		License Plate/State	Trailer Year, Make, Model		License Plate/State
Vehicle VIN		Trailer VIN	Vehicle VIN		Trailer VIN
Insurance Company		Policy Number	Insurance Company		Policy Number
Insurance Company Phone No. / Agent Name			Insurance Company Phone No. / Agent Name		
Operator Name		Sex	Operator Name		Sex
Operator Address, City, State, Zip			Operator Address, City, State, Zip		
Home Phone		Business Phone	Home Phone		Business Phone
Driver's License No./State			Driver's License No./State		
D.O.B.	Age	Social Security Number	D.O.B.	Age	Social Security Number
Passenger Name		Injured? <input type="checkbox"/> yes <input type="checkbox"/> no	Passenger Name		Injured? <input type="checkbox"/> yes <input type="checkbox"/> no
Passenger Name		<input type="checkbox"/> <input type="checkbox"/> Injured? yes no	Passenger Name		<input type="checkbox"/> <input type="checkbox"/> Injured? yes no
Was Vehicle Parked? <input type="checkbox"/> yes <input type="checkbox"/> no			Was Vehicle Parked? <input type="checkbox"/> yes <input type="checkbox"/> no		
Description of Damage to Vehicle			Description of Damage to Vehicle		
Any Damage to Property Other than Vehicles? (i.e.: building, fence, sign, etc.)			Any Damage to Property Other than Vehicles? (i.e.: building, fence, sign, etc.)		
Property Owner Name			Property Owner Name		
Property Owner Address, City, State, Zip			Property Owner Address, City, State, Zip		
Description of Damage to Property			Description of Damage to Property		