

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
Business Address	City	State	Zip Code

POLICYHOLDER VEHICLE

Vehicle Year, Make, Model	Vehicle VIN	License Plate No./State
Trailer Year, Make, Model	Trailer VIN	License Plate No./State
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	
Driver's License No./State	Sex	Date of Birth	Social Security Number	Work Phone

ACCIDENT INFORMATION

Driver's Description of Accident

	Was Police Dept. Involved? yes no <input type="checkbox"/> <input type="checkbox"/>	Department Name
	Citations Issued? yes no <input type="checkbox"/> <input type="checkbox"/>	To Whom
	Witness Name	
	Witness Address	
	Phone	
	Additional Comments	

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		
			<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>	
Passenger Name			Injured? yes no		Passenger Name			Injured? yes no	
			<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>	
Passenger Name			Injured? yes no		Passenger Name			Injured? yes no	
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>				
Was Vehicle Parked? yes no					Was Vehicle Parked? yes 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				