

When you are involved in an accident, it is an overwhelming and confusing experience. It may be hard to keep a level head and take the appropriate steps to make sure everyone is safe and the facts are documented.

Keep this convenient brochure in your glove compartment as a guide, and follow the steps for safety and to record complete and accurate facts about the accident.

- 1. CALL 911** and report the accident
- 2. MOVE YOUR VEHICLE** to a safe location if possible
- 3. DO NOT ADMIT FAULT** and only give out information required by the authorities. Do not sign any statement except from an authorized representative from Lawley
- 4. RECORD THE FACTS** completely and accurately by completing this brochure and taking photos. This includes recording names, contact information, and insurance information of the other drivers, and contact information of any witnesses
- 5. TAKE NOTES AND PHOTOS** of any property damage caused by the accident
- 6. CALL LAWLEY** to report the claim

REPORT YOUR ACCIDENT TO LAWLEY

Lawley is here to help you in any way we can after an accident.

Please call

1.844.4LAWLEY

to report your accident. We want to be there for you every step of the way and to help you work with your personal insurance carrier.

After an auto accident, know that Lawley will be there for you.

Lawley

PERSONAL INSURANCE

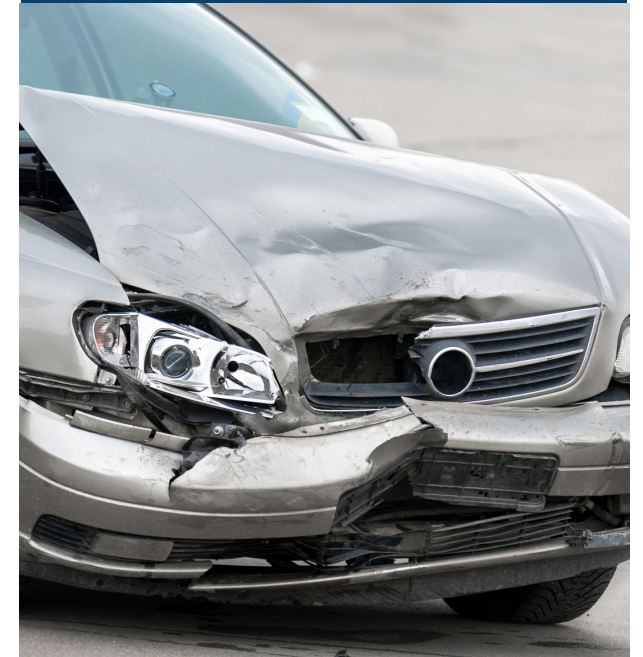
Here for you 24/7/365

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Lawley

PERSONAL INSURANCE

What Should You Do After a Car Accident?



AUTO ACCIDENT CHECKLIST

RECORD THE FACTS

Accident Details

When _____ at _____ am pm
Where _____
Weather Conditions: Clear Rain Snow Fog Sleet Other _____
Road Conditions: Dry Wet Icy Under Construction Other _____
Responding Police Department: _____
Describe the Accident: _____

Other Vehicle

Year _____ Make _____ Model _____
License Plate # _____ Color _____ # of Passengers _____
Vehicle's Owner _____ Damage _____

Other Driver

First Name _____ Last Name _____
Address _____ City, State, Zip _____
Phone: Home _____ Business _____ Cell _____
Drivers License # _____ Insurance Company _____ Policy # _____

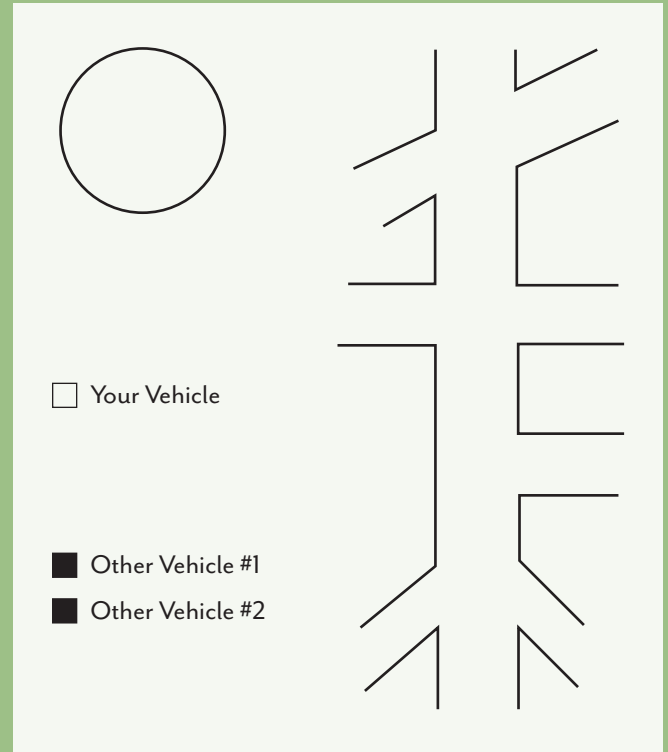
Witness #1

Name: _____
Address: _____
Phone: _____

Witness #2

Name: _____
Address: _____
Phone: _____

STREET DIAGRAM



CAR DAMAGE

