

When reporting this accident, you will need information specific to the incident. Complete the Driver's Report of Accident in this brochure, and follow the reporting instructions listed on the back of your Insurance Identification card.

NOTES

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The Travelers Indemnity Company,
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IN CASE OF A MOTOR VEHICLE ACCIDENT

(Please Keep This Brochure in Your Glove Compartment)

Here's What to Do

- 1. - Take precautions necessary to protect the scene of the accident from further accidents.
- 2. - Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.
- 3. - Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.
- 4. - Complete the DRIVER'S REPORT OF ACCIDENT portion of this brochure. You will need this information later for state and insurance reports.
- 5. - As soon as possible, report the accident to the proper authorities and to your Customer Service Unit.

DRIVER'S REPORT OF ACCIDENT

ACCIDENT INFORMATION

DATE OF ACCIDENT	TIME OF ACCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
PLACE OF ACCIDENT (ST. OR HIGHWAY, CITY OR TOWN & STATE)	
DESCRIPTION OF ACCIDENT	

WITNESSES

It is important to get as many as possible!

1	NAME	TELEPHONE NO.
	ADDRESS	
2	NAME	TELEPHONE NO.
	ADDRESS	
3	NAME	TELEPHONE NO.
	ADDRESS	

POLICE INVESTIGATION

WERE POLICE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE <input type="checkbox"/> CITY <input type="checkbox"/> STATE	PRECINCT	REPORT NO.
POLICE OFFICER'S NAME	BADGE NO.	WAS ANYONE CITED? <input type="checkbox"/> NO <input type="checkbox"/> YOU <input type="checkbox"/> OTHER DRIVER	

YOUR VEHICLE INFORMATION

YEAR	MAKE	MODEL	PLATE NO.	STATE
VIN (VEHICLE I.D. NO.)			COLOR	
OWNER OF VEHICLE				
OWNER'S ADDRESS				
DRIVER'S NAME			TELEPHONE ()	
ADDRESS				
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE	
DESCRIPTION OF DAMAGE				
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)				

OTHER VEHICLE INFORMATION

DRIVER'S NAME		TELEPHONE ()		
ADDRESS				
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE	
YEAR	MAKE	MODEL	PLATE NO.	STATE
OWNER OF VEHICLE		OWNER'S ADDRESS		
INSURANCE COMPANY		POLICY NUMBER		
DESCRIPTION OF DAMAGE				
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)				

INJURED PERSONS

1	NAME	TELEPHONE NO. ()
	ADDRESS	AGE
	SOC. SEC. NO.	SEX: M F
	OCCUPATION	
INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN		
DESCRIPTION OF INJURY		
2	NAME	TELEPHONE NO. ()
	ADDRESS	AGE
	SOC. SEC. NO.	SEX: M F
	OCCUPATION	
INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN		
DESCRIPTION OF INJURY		
3	NAME	TELEPHONE NO. ()
	ADDRESS	AGE
	SOC. SEC. NO.	SEX: M F
	OCCUPATION	
INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN		
DESCRIPTION OF INJURY		

DAMAGE TO PROPERTY

1	OWNER'S NAME	TELEPHONE NO. ()
	ADDRESS	
DAMAGED PROPERTY		EXTENT OF DAMAGE
2	OWNER'S NAME	TELEPHONE NO. ()
	ADDRESS	
DAMAGED PROPERTY		EXTENT OF DAMAGE

State of North Carolina Motor Vehicle Loss Notice

Travelers Insurance Company Policy No. TRJ-CAP-104T6800

(Use this form to report at fault accidents which result only in minor property damage
and the claimant's vehicle is still driveable.)

Department, Agency or University		P.O. Box	City	Zip Code
Division or Section		Contact Person	Phone Number	
Claim Code Number (required)		Name of State Driver	Phone Number	
Driver's License #		Date of Birth	State Licensed	

Location of Accident (including city & state):

Description of Accident:

Law Enforcement Contact & Report Number:

Identify the Damaged Property of Others (If Auto, Year, Make, Model, Plate #):

Owners's Name & Address	Business Phone #	Residence Phone #
Driver's Name & Address (check if same as owner) <input type="checkbox"/>	Business Phone #	Residence Phone #
Describe Damage	Estimate Amount	Where Can Damage be Seen?

Identify the state vehicle involved in this accident

Describe Damage to this vehicle

Signature

Date

REPORTING OF ACCIDENTS INVOLVING MOTOR VEHICLES OWNED BY STATE OF NORTH CAROLINA

Know your CLAIM CODE NUMBER for your state agency when making a claim.

I. All accidents involving bodily injury or major property damage to the public should be reported promptly in the following manner:

1. To report accidents occurring in all North Carolina counties, call toll free 800/832-7839
2. During non-business hours, on weekends and holidays, when there is a serious injury or death, report the accident immediately by dialing direct, ^{800/238-6225}

II. When an accident is reported, be prepared to answer as many of the following questions as are applicable:

1. What is your name, title, and who is your employer?
2. What is the claim code number for this vehicle?
3. Business address of your employer?
4. Location and description of accident.
5. Description of state vehicle.
6. Driver's name, license number, date of birth and state licensed.
7. Description of other vehicles involved in accident and driver's names.
8. Names of all persons injured in accident.
9. Was accident investigate by police? Name of investigating officer, if known?
10. Were there any other known witnesses?

III. For accidents involving only minor property damage to the public, complete the special simplified claim form and mail it to The Travelers at the address shown thereon.

IV. If there is physical damage insurance on the state-owned motor vehicle involved in an accident, complete the special simplified claim form and add the following statement above the line for your signature:

"We have physical damage insurance on this vehicle."