

**AHTKY INSURANCE AGENCY, LLC.  
AUTO ACCIDENT REPORT RECORD**

Please read carefully and be sure to keep this form in the glove compartment of your vehicle. If you are involved in an accident, it is very important that you complete the backside of this form.

**Remember – try to stay calm and take down all details of the accident**

**1. Check for Injuries**

Check everyone involved to see if there are injuries. Move out of traffic to safety. Call 911 or have someone else call if there are injuries.

**2. Accident & Scene**

Pull to the side of the road (if possible). Warn passing drivers of the accident by using triangles, flares, cones or any other safety devices in your vehicle. Watch for any gasoline leaks – clear the area if gasoline is leaking. Stay off the street.

**3. Alert the Police**

Call the police or ask a passenger to do it. Only provide information that you know. Retain the police report number if a report is made.

**4. Exchange Information**

Whether the accident is “At Fault” or “Not At Fault” exchange information with the other driver(s) involved. Obtain the other driver’s name, address, phone number, drivers license number, insurance company name, year, make and model of other vehicle(s), vehicle I.D. #, and license plate number. You should provide the same information to the other driver(s).

**5. Protect Yourself**

Do not apologize for the accident or admit guilt to anyone, no matter who is “At Fault”. If there is an individual at the scene of the accident who can be an eye witness, be sure to obtain the person’s name, address and phone number.

**6. Accident Facts**

It is very important for the insurance company to determine who is “At Fault”. Write down the description of the accident, date, time and location of accident, speed of the vehicle(s) involved, road conditions, if there were stop lights or stop signs, etc. Use the back of this form to record all accident details.

**7. Take your Car to the Body Shop**

If you are unable to drive your vehicle to a body shop, please call a tow company for assistance. Do not repair your car until you have contacted your agent or **AHTKY Insurance Agency** to discuss this matter.

**8. Contact AHTKY Insurance Agency Immediately**

Please contact our office as soon as possible. When we receive your accident report,

we will forward the report to your insurance company’s claims department. Your insurance company will then assign an adjuster who will thoroughly investigate the accident in order to settle the claim.

**9. Complete SR-1 Form**

In California, if an accident involves bodily injury, death or more than \$1,000 property damage (regardless of who is “At Fault”), a SR-1 form is required by the Department of Motor Vehicles (DMV). The SR-1 must be filed within 10 days from the accident date and is certification that you were insured at the time of the accident. You may get the SR-1 form from the DMV or **AHTKY’s** office located at:

**1451 W. Artesia Blvd.,  
suite A  
Gardena, CA 90248  
Phone: (310) 516-0110  
Fax: (310) 516-0381  
Claims: Ext. 202**

Our office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. There is a 24-hour answering service for your convenience if you wish to leave a message. Your call will be returned as soon as possible.

## ACCIDENT REPORT

If an accident occurs, remember to stay calm and exchange the following information from all parties involved regardless of who is at fault.

### Your Information:

Policy Holder's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident - Street: \_\_\_\_\_ Cross Street: \_\_\_\_\_

City / State: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_

Driver's Relationship to Insd: \_\_\_\_\_ Injuries: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Year, Make & Model of Your Car: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ Color: \_\_\_\_\_

Damage: \_\_\_\_\_ Driveable?: \_\_\_\_\_ Airbags deploy?: \_\_\_\_\_

Location of car if not driveable: \_\_\_\_\_

Passengers: \_\_\_\_\_ Phone H/B: \_\_\_\_\_

### Police Report:

Department: \_\_\_\_\_ Report #: \_\_\_\_\_

### Other Party Information:

Driver of the other car: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Registered Owner of Vehicle: \_\_\_\_\_

Address of Registered Owner: \_\_\_\_\_

Year, Make & Model of Other Car: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ Color: \_\_\_\_\_

Passengers: \_\_\_\_\_ Phone H/B: \_\_\_\_\_

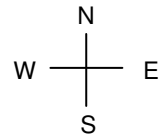
Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Agent's Name & Phone: \_\_\_\_\_

### Witness:

Name & contact info: \_\_\_\_\_

Please use the layout below to diagram the accident.  
The following questions should help in completing the diagram.



- Which direction were you going?
- Which direction was the other car going?
- Were you stopped or moving at the time of the accident?
- How fast were you going?
- Were there any stop signs or signals?
- How many lanes were there?

