

Pedestrian

Name _____ Age _____

Address _____

Injuries _____

Property Damage

Owner's Name _____

Address _____

Phone # _____

Nature and extent of damage _____

Officer on Scene

Name _____

Badge # _____

Phone # _____

Details of Accident

What to do if you are involved in an automobile accident.

- Stop at once and make sure you are safe.
- Do not leave the scene of the accident.
- Turn on the vehicle's hazard lights for safety.
- Obtain first aid if anyone is injured.
- Contact nearest police or law enforcement agency.
- Get the names and addresses of everyone involved, including witnesses.
- Be courteous and polite, but do not admit responsibility for the accident.
- Give the name of your insurance company when asked but do not discuss policy coverages.
- Give your name, address and license plate number to other persons involved, as well as investigating police officers.
- If possible, take photos of damage to vehicles and other property, street signs or address markers and license plates of vehicles involved.
- Do not sign any statements or reports except official police reports and reports to **Indiana Farm Bureau Insurance**.
- Complete this form in full.
- Report the accident to your local agent or our Customer Service Center at **(800) 723-3276** 24 hours a day, 7 days a week.
- You may also file a claim at www.infarmbureau.com/claims.


**INDIANA FARM
BUREAU INSURANCE®**

www.infarmbureau.com

Your Car

Name _____

Address _____

Year, Make, License # _____

Driver _____ Age _____

Address _____

Phone # _____

Driver License # _____

Driver Injured? _____ Yes No

Date and time of accident _____

Location of accident _____

Passengers

Passenger #1 *Injured?* Yes No

Name _____

Address _____

Phone # _____

Passenger #2 *Injured?* Yes No

Name _____

Address _____

Phone # _____

Passenger #3 *Injured?* Yes No

Name _____

Address _____

Phone # _____

Witness

Name _____

Address _____

Phone # _____

Other Car

Owner _____

Address _____

Year, Make, License # _____

Driver _____ Age _____

Address _____

Phone # _____

Driver License # _____

Driver Injured? Yes No

Passengers

Passenger #1 *Injured?* Yes No

Name _____

Address _____

Phone # _____

Passenger #2 *Injured?* Yes No

Name _____

Address _____

Phone # _____

Passenger #3 *Injured?* Yes No

Name _____

Address _____

Phone # _____

Proof of Insurance

Name of other driver's insurance company:
