

7

RELEASE FROM OTHER DRIVER

IF OTHER DRIVER agrees you're not at fault, ask them to sign:

I hereby release & exonerate _____

& his/her employer, from any fault or liability for an accident involving the undersigned today at

(location: _____)

SIGNATURE: x _____

PRINT NAME: _____

DATE: _____

8

NOTIFY INSURANCE COMPANY**DO & DON'T****DO**

* Report the accident to the Department of Motor Vehicles as soon as possible.

* Write a complete description of the accident while it's fresh in your mind.

* Have even minor damage fixed. Letting your car go unrepaired can cost you in the long run.

DON'T

* Never discuss accident details with anyone other than police and insurance company.

* Never agree to a phone recording or give a signed statement to other driver's claims adjustor/insurance company.

Call us if you have any questions.

815-609-5528



We deal with collision repair and insurance companies everyday. Let us take care of all the details and put your mind at ease.

CRYSTAL SHINE
BODY SHOP

815-609-5528 (O)

815-609-0024 (F)

11932 S. Spaulding School Dr.
Plainfield, IL. 60585

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www.CrystalShineBodyShopReviews.com

**IN CASE OF AN
ACCIDENT...**

**DETAILED STEPS ON
WHAT TO DO**



If you are in an accident follow these simple **8** steps to ensure your physical and legal safety.

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1 STAY SAFE

Remain calm. Stop safely. Turn Emergency Lights on. Watch for oncoming traffic.

2 DON'T APOLOGIZE

An apology can imply fault. Never admit fault. If you have to say something, ask "Are you okay?"

3 CONTACT AUTHORITIES

Call an ambulance if people are injured. Notify your supervisor if you are driving a company vehicle.

4 GET WITNESSES

Complete witness information section in step 6.

5 PROVIDE CONTACT INFO

Show your drive's license and registration. Complete contact information for other involved driver in step 6.

6 RECORD THE FACTS

WHEN _____ TIME _____ AM PM

WHERE _____

OTHER VEHICLE Get directly from VEHICLE REGISTRATION CARD

MAKE _____ MODEL _____
 COLOR _____ YEAR _____
 LICENSE PLATE # _____ STATE _____
 VEHICLE ID # (VIN) _____
 OWNER'S NAME _____
 STREET ADDRESS _____
 CITY STATE, ZIP _____

OTHER DRIVER Get directly from DRIVER'S LICENSE

DRIVER'S NAME _____
 DATE OF BIRTH _____ SEX M F
 STREET ADDRESS _____
 CITY, STATE, ZIP _____
 LICENSE # _____ STATE _____
 ASK DRIVER: _____
 HOME PHONE _____ WORK _____
If driver is NOT OWNER of vehicle ask driver:
 WAS DRIVER ON ANY ASSIGNMENT FOR OWNER YES NO

INSURANCE (OTHER VEHICLE)

COMPANY _____ PHONE _____
 POLICY HOLDER _____ POLICY # _____

AMBULANCE DEPT/STATION _____

POLICE OFCR _____ DEPT _____
 POLICE REPORT # _____

WEATHER SUNNY P. CLOUDY CLOUDY DARK DUSK DAWN
 RAIN DRIZZLE SNOW SLEET OTHER: _____

DAMAGE

Describe location & extent of damage. Use diagrams below.

OTHER VEHICLE YOUR VEHICLE

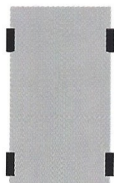


DIAGRAM OF ACCIDENT

Show where vehicles went and how accident happened. Use these symbols.

➔ YOUR VEHICLE ○ WITNESS
 ➔ OTHER VEHICLE

USE ARROW
TO SHOW
NORTH

ROAD

DRY WET SNOW ICE
 GRAVEL DIRT OTHER _____

DIAGRAM OF ACCIDENT

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? _____
 DESCRIBE INJURIES _____ ☐ NONE

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? _____
 DESCRIBE INJURIES _____ ☐ NONE

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? _____
 DESCRIBE INJURIES _____ ☐ NONE

WITNESS

WITNESS 1
 NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____

WITNESS 2
 NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____

CONTINUE ON BACK