

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: \_\_\_\_\_

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.**



**BODY SHOP**

**815-609-5528 (O)**

**815-609-0024 (F)**

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



**815-609-5528 (O) 815-609-0024 (F)**

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

[www.CrystalShineBodyShopReviews.com](http://www.CrystalShineBodyShopReviews.com)

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

**DETAILED STEPS ON  
WHAT TO DO**



**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.

**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 # \_\_\_\_\_

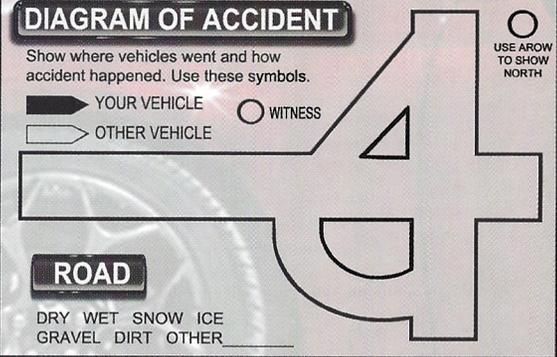
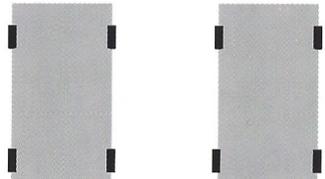
**AMBULANCE** DEPT/STATION \_\_\_\_\_

**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**

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 →