### Accident Guide

**Auto**

**Accidents happen – even to the most careful drivers.** Knowing what to do after an accident will help you to remain calm and in control. It can also help you get back on the road faster. Take a moment to review this guide and keep it in your glove compartment in the event of an accident.

**How do I make a claim?**

At Safeco, there is no "weekend." We’re here to help you, 24 hours a day, 7 days a week. Call 1-800-332-3226.

**Accident Checklist**

- Get help for the injured.
- Call the police. Remain at the scene of the accident.
- Warn oncoming traffic. Set hazard lights and flares.
- Try to remain calm.
- Do not admit fault.
- Exchange names, addresses, emails, phone numbers, makes of vehicles, driver’s and vehicle license numbers, and insurance company/policy number information with all drivers.
- Get names, addresses, emails, and phone numbers of all passengers and witnesses.
- Sketch the accident (see diagram).
- Examine and record damage to other vehicles and property.
- If you are carrying a camera, take pictures of the scene and damage.
- Do not discuss the accident or sign any documents. Only answer questions asked by police and your Safeco claim representative.
- Call Safeco Claims at 1-800-332-3226, promptly. Your Safeco claim representative will ask you some questions about the accident and will begin the claim resolution process immediately.

**Emergency Checklist**

Put together an emergency kit to keep in your car. Be sure to include:

- Blanket
- Nonperishable food
- Notepad
- Pen or pencil
- Flares
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First-aid supplies
- Paper towels
- Disposable camera
- Emergency phone charger
Please sketch the accident. Identify the vehicles and use an arrow to depict the direction the vehicles were traveling by using the examples below.

1. Your vehicle and travel direction
2. Other vehicle and travel direction
3. Other vehicle and travel direction

How did it happen?

Report claims immediately by calling 1-800-332-3226.

Accident Facts
Name
Date
Time
City
Where did the accident occur?
Condition of the road
Weather
How fast were you traveling?
How fast was the other vehicle traveling?
Did police take a report?
Responding police department
Case number

Injured Person of Other Vehicle
Name
Phone
Email
Address
Age
Extent of injury

Damage to Your Vehicle
Damaged part of vehicle

Damage to Other’s Property
Owner
Phone
Email
Address
Description of damage

Witness(es)
Name #1
Phone
Email
Address
Name #2
Phone
Email
Address

Vehicle make & model
Owner’s driver’s license number
Birthdate
Driver’s name (if other than owner)
Day phone
Evening phone