Agency Number: ___   **Policy number**: _____

Automobile Accident Procedure

If an accident involving agency owned or rental vehicle has just occurred, take any emergency actions that are necessary and follow these steps:

1. Call 911 immediately so an official accident report will be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.

2. Obtain the following information to complete the *Automobile Accident Report.*

Other Driver/Vehicle Information:

Name: _____ Day Time Phone #: (   )_____ Home Phone #: (   )_____

Address: _____ City: _____ County: _____ State: ___ Zip: _____

Email: _____ Drivers DL #: _____ DL State: ___ DOB: _____

Year:_____ Color:_____ Make:_____ Model:_____ Lic Plate#: _____

Vehicle Owner's Name:_____ Policy Holder's Name: _____

Auto Insurance Carrier: _____

Policy #: _____ Auto Insurance Carrier Phone #: (   )_____

Number of people in the other vehicle:_____ (Circle appropriate): Driver / Front Passenger / Back right

Passenger / Back left Passenger / Other (explain) _____

(use back of form for additional information)

Notice specific details of the damages to all vehicles/property involved. These details will need to be provided on the *Automobile Accident Report*. If you have a digital camera or a camera phone, take pictures of the vehicles involved and the accident scene.

3. Provide the state agency automobile insurance ID card to the police. The automobile insurance ID and this blank reporting form should be in the glove compartment of the vehicle. (After use of this form, please replace it with another blank form.)

4. Complete the enclosed *Automobile Accident Report* immediately and return the original to the state agency insurance contact (listed below) *within 24 hours of the accident*.

5. Contact your insurance contact at your state agency to report the claim and provide this completed *Automobile Accident Report* .
Name & Phone: (agency contact here)   Email:_____
The insurance contact will use this completed form to add the claim information into the SORM property and casualty claims database.

6. Email this completed form and any photos of the accident scene to the Office of the Attorney General and laura.messina@texasattorneygeneral.gov, jacqueline.baynard@sorm.state.tx.us, and martin.fox-foster@alliant.com. Call Liberty Mutual at **800-362-0000** to report the claim to Claims Reporting. Please provide the auto policy number and agency number as shown above.

Refer all inquiries about the accident from individuals, insurance carriers, or attorneys to Liberty Mutual. Do not make any statements about the accident to anyone without first notifying Liberty Mutual and receive permission to do so.

AUTOMOBILE ACCIDENT REPORT - Commercial Vehicles
National Insurance
TELEPHONE THE NEAREST LIBERTY MUTUAL OFFICE
IF AN ACCIDENT INVOLVES

1. ANOTHER OCCUPIED VEHICLE   3. ANY PERSONAL INJURY
2. A PEDESTRIAN   4. EXTENSIVE PROPERTY DAMAGE

Liberty Mutual® INSURANCE

Claims Service Center **1-800-362-0000**   *Fax* **1-800-329-3297**

POLICYHOLDER

Policyholder Name	Location Code	Policy Number	Phone
Business Address		City	State	Zip Code

POLICYHOLDER VEHICLE

Vehicle Year, Make, Model	Vehicle VIN	License Plate No./State
Trailer Year, Make, Model	Trailer VIN	License Plate No./State

Description of Damage to Vehicle

DATE, TIME, AND PLACE

Date of Accident	Time	AM: ☐	PM: ☐	Exact Location of Accident or Loss (Include cross-streets, mile-markers, etc)

DRIVER OF POLICYHOLDER VEHICLE

Driver's Name and Address, City, State, Zip				Phone
Driver's License No./State	Sex	Date of Birth	Social Security Number	Work Phone

ACCIDENT INFORMATION

Driver's Description of Accident

	Was Police Dept. Involved?	yes ☐	no ☐	Department Name
	Citations Issued?	yes ☐	no ☐	To Whom

Witness Name

Witness Address   Phone

Additional Comments

Illustrate How Accident Occurred   (Label Vehicles and Street Names)

ASC-3093 R2 02/08

OTHER VEHICLES INVOLVED (not Policyholder Vehicle)

VEHICLE 1	VEHICLE 2

Owner Name	Sex	Owner Name	Sex
Owner Address, City, State, Zip		Owner Address, City, State, Zip	
Home Phone	Business Phone	Home Phone	Business Phone
D.O.B. Age Social Security Number		D.O.B. Age Social Security Number	
Vehicle Year, Make, Model	License Plate/State	Vehicle Year, Make, Model	License Plate/State
Trailer Year, Make, Model	License Plate/State	Trailer Year, Make, Model	License Plate/State
Vehicle VIN	Trailer VIN	Vehicle VIN	Trailer VIN
Insurance Company	Policy Number	Insurance Company	Policy Number
Insurance Company Phone No. / Agent Name		Insurance Company Phone No. / Agent Name	
Operator Name	Sex	Operator Name	Sex
Operator Address, City, State, Zip		Operator Address, City, State, Zip	
Home Phone	Business Phone	Home Phone	Business Phone
Driver's License No./State		Driver's License No./State	
D.O.B. Age Social Security Number ☐ ☐		D.O.B. Age Social Security Number ☐ ☐	
Passenger Name	Injured? yes no ☐ ☐	Passenger Name	Injured? yes no ☐ ☐
Passenger Name ☐ ☐	Injured? yes no	Passenger Name ☐ ☐	Injured? yes no
Was Vehicle Parked? yes no		Was Vehicle Parked? yes no	
Description of Damage to Vehicle		Description of Damage to Vehicle	
Any Damage to Property Other than Vehicles? (i.e.: building, fence, sign, etc.)		Any Damage to Property Other than Vehicles? (i.e.: building, fence, sign, etc.)	
Property Owner Name		Property Owner Name	
Property Owner Address, City, State, Zip		Property Owner Address, City, State, Zip	
Description of Damage to Property		Description of Damage to Property	