

Vehicle Accident Glove Box Report

In the event of an accident:

- **First, stay calm.** Accidents happen quickly and can be upsetting. Stay calm, and don't argue with others involved in the accident.
- **Prevent additional accidents.** Warn oncoming traffic with a light, flag or similar device.
- **Help the injured.** Do not render first aid unless you are qualified. Call an ambulance if anyone is injured.
- **Call the police.** Don't discuss what happened with anyone except the police.
- **File a report.** In the event that the police are unable to respond to your call, you'll need to go to the nearest police station and file an accident report.
- **Fill out the attached Accident Information form** before leaving the scene of the accident.
- **Alert Associates of Glens Falls Inc.** Call us at 518-793-3444 Ext: 127 to report the accident. To expedite the call, make sure you have the information on this form completed.

Auto Accident Report Form

Provided By:

Associates of Glens Falls Inc.

228 Glen Street P.O.Box 190

Glens Falls, NY 12801

Tel: 518-793-3444

www.aogf.com

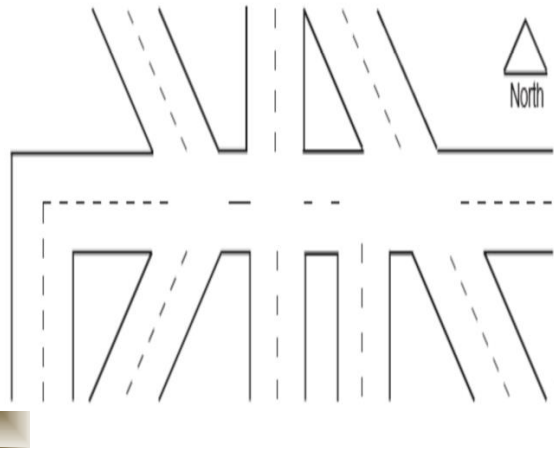


Auto Accident Record

Keep this in your auto glove box to help you remain organized and focused on what to do in the event of an auto accident



**ASSOCIATES
OF GLENS FALLS
INSURANCE**
Round the Clock Coverage



Let's get started:

Accident Details:

Date: _____ Time _____ am pm

Where: _____

Responding Police Agency: _____

Describe the Accident: _____

What were the weather conditions? _____

Let's obtain your information:

Vehicle you were driving: Year _____ Make _____

Model _____ License Plate# _____

VIN# (last four) _____ Color _____

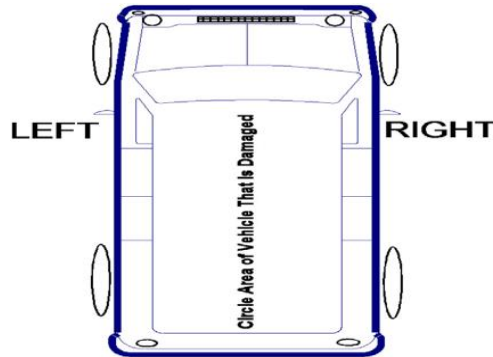
of Passengers _____

Your Vehicle –Registered Owner: _____

Damage: _____

Towed from scene? Location? _____

Your Vehicle – show damages



Other Vehicle:

Year _____ Make _____

Model: _____ Color: _____

License Plate #: _____ # of Passengers: _____

Damage: _____

Registered Owner: _____

Address: _____

Phone: _____

Driver: _____

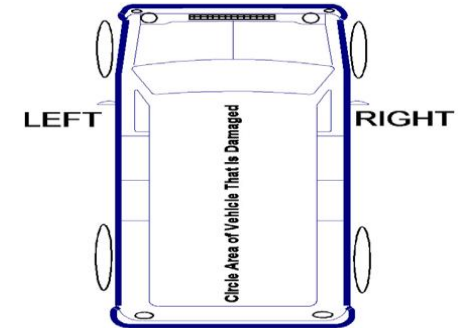
Other Insurance Co: _____

Policy Number: _____

Driver's License Number: _____

Date of Birth: _____

Other Vehicle – show damages



Witness # 1:

Name: _____

Address: _____

Phone: _____

Witness # 2:

Name: _____

Address: _____

Phone: _____

Who do we contact about this accident?

Daytime Phone: _____

Anyone injured? Who? _____

Is there anything further you want to add to this report?
