

IN CASE OF ACCIDENT...

Follow these directions:

1 AID THE INJURED

Do not move injured individuals unless absolutely necessary! Warn other drivers.

2 CALL THE POLICE

Give exact location and advise if medical help is needed. Write down the name and badge numbers of police officers who assist you.

LOCATION OF ACCIDENT

CITY STATE

NAME OF OFFICER BADGE #

WAS SUMMONS ISSUED? TO WHOM

3 RECORD FACTS ABOUT STATE VEHICLE

Complete all information concerning state vehicle.

DATE OF ACCIDENT TIME AM PM

DEPARTMENT/DIVISION/SECTION

DRIVER'S NAME SOCIAL SECURITY #

STREET ADDRESS

CITY STATE PHONE

YEAR OF VEHICLE/MAKE/MODEL LICENSE PLATE NO.

NATURE OF DAMAGE

4 OBTAIN FACTS ABOUT OTHER VEHICLE

It is important to get the name and address of other driver(s) involved.

1) NAME PHONE

STREET ADDRESS

CITY STATE ZIP

YEAR OF VEHICLE/MAKE/MODEL LICENSE PLATE #

INSURANCE COMPANY

NATURE OF DAMAGE

2) NAME PHONE

STREET ADDRESS

CITY STATE ZIP

YEAR OF VEHICLE/MAKE/MODEL LICENSE PLATE #

INSURANCE COMPANY

NATURE OF DAMAGE

5 OBTAIN FACTS ABOUT INJURED PERSONS

It is important to get the name, age, address and nature of injury of anyone injured.

1) NAME AGE

STREET ADDRESS PHONE

CITY STATE ZIP

INJURED WAS:

IN MY VEHICLE IN OTHER VEHICLE PEDESTRIAN

6 RECORD FACTS ABOUT OTHER PROPERTY DAMAGE (Non-Vehicular)

Complete all information concerning damage to other property (fences, mailboxes, etc.).

OWNER PHONE

STREET ADDRESS

CITY STATE ZIP

OBJECT DAMAGED

NATURE OF DAMAGE

7 GET WITNESSES

Get the name and address of all available witnesses to the accident.

1) NAME PHONE

ADDRESS

CITY STATE ZIP

8 CALL RISK MANAGEMENT (573) 751-4044

Within 24 hours of the accident.

9 DON'T COMMENT

Do not make any statement concerning the assumption of liability. Give out only that information required by authorities. Do not sign any statement except for an authorized representative of the Risk Management Section.

10 AUTOMOBILE LOSS NOTICE

Complete in full an Automobile Loss Notice Form# MO 300-0068

DESCRIBE THE ACCIDENT

Mail or fax with a completed Automobile Loss Notice form # MO300-0068.

This form is available online at <http://www.aa.mo.gov/gs/risk/>

Send a copy of the police report when available.

Office of Administration
Risk Management Section
P.O. Box 809
Jefferson City, MO 65102
Fax (573) 751-7819

STATE OF MISSOURI RISK MANAGEMENT



(573) 751-4044

IN CASE OF ACCIDENT



This glove compartment guide is provided by the Risk Management section to help you in case of an accident. Read all directions carefully, and complete all information to the best of your ability.

STATE OF MISSOURI RISK MANAGEMENT