Persons Injured

Name		
Address		
City	State	Zip
Telephone No. (area code)		
Name		
Address		
City	State	Zip
Telephone No. (area code)		

Passengers/Other Vehicle

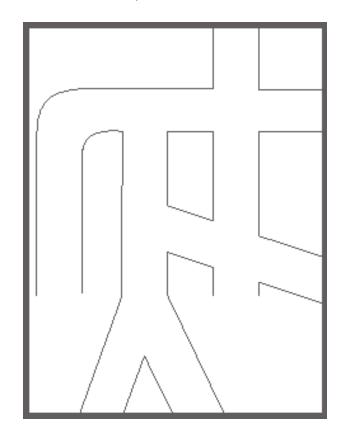
Name		
Address		
City	State	Zip
Telephone No. (area code)		

Witnesses

Name		
Address		
City	State	Zip
Telephone No. (area code)		
Name		
Address		
City	State	Zip
Telephone No. (area code)		

Diagram of the Accident:

Show name of streets and directions in which vehicles were traveling. Indicate North, South, East and West and show position of vehicles.





The way it should be."

integrityinsurance.com

2121 East Capitol Drive • P.O. Box 539 Appleton, WI 54912-0539

The description herein is in the most general terms for advertising purposes and in no way alters actual policy conditions or exclusions. For specific coverage details, refer to your policy.

37-424 KIT (brch/1-2013)



ACCIDENT INFORMATION KIT





If you're involved in an automobile accident, following these steps will help you gather all the necessary information for filing a claim and help Integrity representatives provide you with the best service possible:

- Help anyone who is injured, but do not move them. Keep them warm and send for help.
- · Notify the nearest law enforcement agency that you've been involved in an accident. Get the officer's name and badge number.
- Move the vehicle off the roadway when conditions and/or regulations permit. This will help prevent further damage and exposure to others.
- Promptly place warning signals around the scene of the accident.
- Write the following information in this brochure:
 - Full names, license plate numbers and makes of vehicles of the parties involved in the accident
 - · Names and addresses of witnesses
 - Directions, route numbers and road conditions
- Exchange names of insurance companies with the parties involved, but do not discuss whose fault the accident was or limits of insurance coverages.
- · Report the accident as soon as possible to your Integrity Insurance Agent or call Integrity's Reporting Hotline at 800.445.3030.
- Take a photo of the accident scene and vehicles involved if possible.

he Accident	
Date	Hour
ocation: City/Street/Route/State	I
Driver's Name	
/ehicle Number	
Weather	
Condition of Roadway	
condition of Roadway	
Dalias Offices Dadas No	
Police Officer Badge No.	
Police Officer Badge No. Police Officer Name	
Police Officer Name	dent Occurred
	dent Occurred

Other Driver's Name			
Address			
City		State	Zip
Drivers License No.		Expirati	ion
Other Vehicle Owner's Na	me		
Address			
City		State	Zip
/ehicle LIcense No.			
Make	Туре		Year
viane			
Name Other Insurance Co	١.		
Name Other Insurance Co Policy No.			
Policy No. Describe Damage Other Vehicle or F	to		
Name Other Insurance Co Policy No. Describe Damage	to		
Policy No. Describe Damage Other Vehicle or F	to		
Policy No. Describe Damage Other Vehicle or F	to		