

7 RELEASE FROM OTHER DRIVER

IF OTHER DRIVER agrees you're not at fault, ask them to sign:
I hereby release & exonerate _____ & his/her employer, from any fault or liability for an accident involving the undersigned today at (location): _____
SIGNATURE: X _____
PRINT NAME: _____
DATE: _____

8 NOTIFY INSURANCE COMPANY

DO & DON'T

DO

- Report the accident to the Department of Motor Vehicles as soon as possible.
- Write a complete description of the accident while it's fresh in your mind.
- Have even minor damaged fixed. Letting your car go unrepaired can cost you in the long run.

DON'T

- Never discuss accident details with anyone other than police and insurance company.
- Never agree to a phone recording or give a signed statement to other driver's claims adjustor/insurance company.
- Don't be fooled by a lower estimate. You have the right to choose the bodyshop. Don't sign release until every detail is repaired to your satisfaction.
- Never allow your car to be towed to a repair shop you are not familiar with. Don't authorize repairs by signing a tow release unless you have decided to have your car repaired by the shop it's being towed to.

Call us if you have any questions.

908-754-2264

www.autorebuildernj.com

North Plainfield Auto Rebuilders
deals with collision repair and
insurance companies everyday.
Let us take care of all the details
and put your mind at ease.

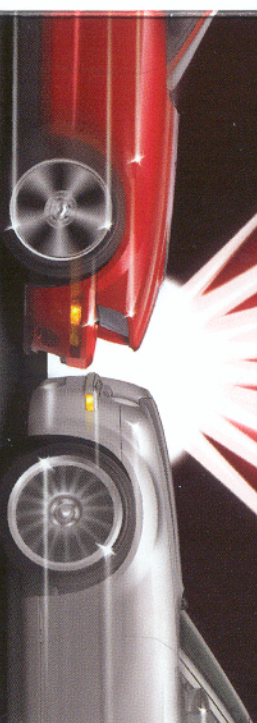
**North Plainfield
Auto Rebuilders**

26 Steiner Place • North Plainfield, NJ 07060
908-754-2264 • FAX 908-757-0890

IN AN ACCIDENT OPEN IMMEDIATELY

IN CASE OF AN ACCIDENT...

DETAILED STEPS ON
WHAT TO DO



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If you are in an accident follow these simple steps to ensure your physical and legal safety.



1

STAY SAFE

Remain calm. Stop safely. Turn Emergency lights on. Watch for oncoming traffic.

2

DON'T APOLOGIZE

An apology can imply fault. Never admit fault. If you have to say something, ask "Are you okay?"

3

CONTACT AUTHORITIES

Call an ambulance if people are injured. Notify your supervisor if you are driving a company vehicle.

4

GET WITNESSES

Complete witness information section in step 6.

5

PROVIDE CONTACT INFO

Show your driver's license and registration. Complete contact information for other involved driver in step 6.



RECORD THE FACTS

WHEN

TIME _____ AM PM

WHERE

OTHER VEHICLE

Get directly from VEHICLE REGISTRATION CARD

MAKE _____ MODEL _____
 COLOR _____ YEAR _____
 LICENSE PLATE# _____ STATE _____
 VEHICLE ID# (VIN) _____
 OWNER'S NAME _____
 STREET ADDRESS _____
 CITY/STATE/ZIP _____

OTHER DRIVER

Get directly from DRIVER'S LICENSE

DRIVER'S NAME _____ SEX M F
 DATE OF BIRTH _____
 STREET ADDRESS _____
 CITY/STATE/ZIP _____ STATE _____
 LICENSE# _____
 HOME PHONE _____ WORK PHONE _____
Fill Driver's HOME PHONE, WORK PHONE, LICENSE# and DRIVER'S NAME if NOT OWNER of vehicle, and DRIVER WAS DRIVER ON ANY ASSIGNMENT FOR OWNER? YES NO

INSURANCE (OTHER VEHICLE)

COMPANY _____ PHONE _____
 POLICY HOLDER _____ POLICY# _____

AMBULANCE

DEPT./STATION _____

POLICE

OF/CR _____ DEPT _____
 POLICE REPORT# _____

WEATHER

SUNNY P. CLOUDY CLOUDY DARK DUSK DAWN
 RAIN DRIZZLE SNOW SLEET OTHER _____

DAMAGE

Describe location & extent of damage. Use diagrams below.

OTHER VEHICLE

YOUR VEHICLE

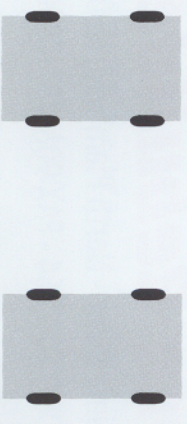
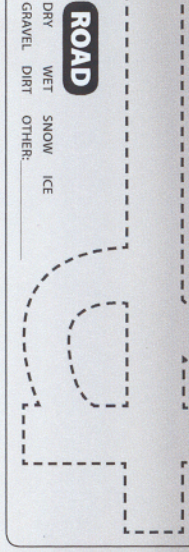


DIAGRAM OF ACCIDENT

Show where vehicles went and how accident happened. Use these symbols.

YOUR VEHICLE WITNESS
 OTHER VEHICLE



PASSENGERS

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? NONE
 DESCRIBE INJURIES _____

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? NONE
 DESCRIBE INJURIES _____

WITNESS

Witness 1
 NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____

Witness 2
 NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____

CONTINUE ON BACK

IF OTHER DRIVERS AGREE YOU'RE NOT AT FAULT:

Ask them to Sign the following:

I hereby release & exonerate:

& his/her employer, from any fault or liability
for an accident involving the undersigned
today at (location): _____

Signature: X _____

Print Name: _____

Phone: _____ Date: _____

IF OTHER DRIVERS WITNESS YOU'RE NOT AT FAULT:

Ask them to Sign the following:

I: _____
hereby witnessed that:

was not at fault or liability for an accident
involving that took place at (location):

Date: _____

Signature: X _____

Print Name: _____

Phone: _____ Date: _____

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