Vital Accident Information

▶ Call the police immediately.

▶ Only discuss accident details with police, your employer, or a West Bend representative.

▶ Don't admit fault. You may be entirely blameless.

▶ If you can, get:

- identification information from everyone involved, including drivers and passengers;

- insurance information from owners of the other vehicles, including drivers and passengers; and

- make, model, and license number of all vehicles involved.

▶ Take photos of the accident scene and damage before vehicles are moved/towed.

▶ Contact your employer or West Bend's **Direct**Connect to report the accident as soon as reasonably possible.

WEST BEND'S
24 HOUR CLAIM SERVICE

DirectConnect®

TOLL FREE 1-877-WBCLAIM
(1-877-922-5246)

WEST BEND®

PHOTO TIPS

## What photos should you take if you've had an accident?

The most important thing after an accident is to get help for yourself and for anyone else who may be injured. Remember, take photos only if you're able to do so safely.

Taking photos of the damage and the scene isn't likely to be an immediate priority. Photos can, however, provide useful information and are a great way to preserve evidence. Since most of us carry smart phones, cameras are easily accessible.

Before you take any photos, you must be sure you can do so safely. If there are no injuries and you feel you can safely exit your vehicle to take photos without putting yourself or others in harm's way, here are photos we recommend:

▶ Exterior damage to your vehicle. Include shots of each of the four corners so the claim rep can see two sides of the car at once.

▶ Exterior damage to any other vehicles involved in the accident.

▶ License plates of all vehicles involved.

▶ The positions of the vehicles at the crash scene, including street signs, mile markers, or other permanent landmarks that will help identify the exact location of the accident.

▶ Vehicle parts, shattered glass, or other debris that may have fallen onto the road.

WB-1399 (2-20)

Accident Reporting Kit
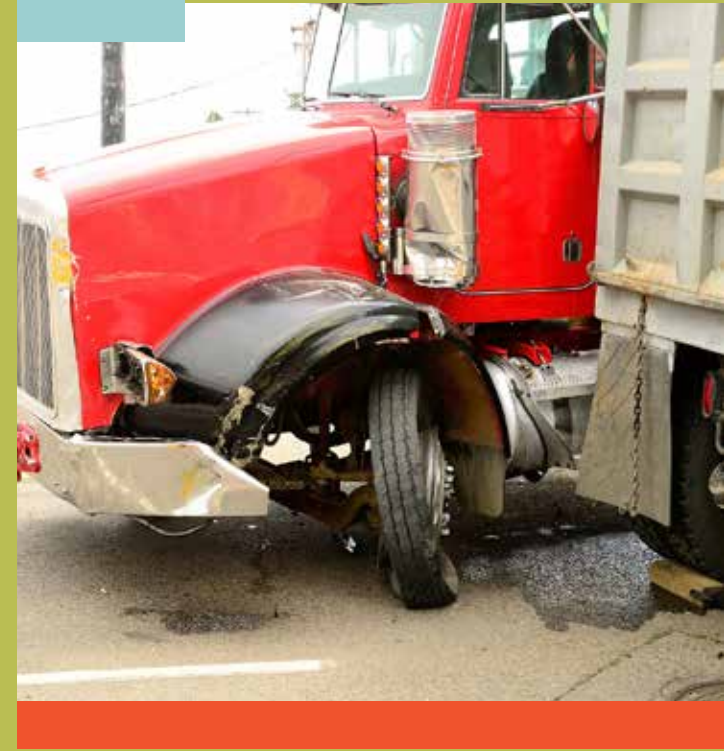
WEST BEND®

Insured Vehicle

If you're involved in an accident with a company vehicle, please use this brochure to collect as much information as you reasonably can at the scene. Once you've done so, contact a West Bend claim representative at (877) 922-5246. After you return to work, review this information with the company contact as soon as possible:

Business/Company Name _____

Name _____

Phone Number _____

Location of Accident _____

City/State _____

Date of Accident _____

Time _____ ☐ a.m. ☐ p.m.

Driver's Name _____

Driver's Phone _____

Year of Vehicle _____ Make _____

Model _____ Last 4 VIN # _____

Describe Damages _____

Vehicle driveable? ☐ Yes ☐ No   Towed? ☐ Yes ☐ No

Did vehicle roll over? ☐ Yes ☐ No

Did air bags deploy? ☐ Yes ☐ No

Where can vehicle be seen? _____

Injured? ☐ No ☐ Yes, Describe injuries _____

Hospital/Clinic _____

Accident Information

Describe what happened _____

Police Department name _____

Report # _____

Any citations issued? ☐ Yes ☐ No

To whom? _____

List violation _____

Other Vehicle

Vehicle Owner _____

Vehicle Owner's Phone _____

Year of Vehicle _____ Make _____

Model _____ Last 4 VIN # _____

License Plate # _____

Owner's Insurance _____

Owner's Policy Number _____

Describe damages _____

Vehicle driveable? ☐ Yes ☐ No   Towed? ☐ Yes ☐ No

Did vehicle roll over? ☐ Yes ☐ No

Did air bags deploy? ☐ Yes ☐ No

Where can vehicle be seen? _____

Driver's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

How many people in vehicle? _____

Injured? ☐ No ☐ Yes, Describe injuries _____

Hospital/Clinic _____

(If additional vehicles were involved, please document this same info on another sheet of paper.)

Property Damaged– Other than Vehicles (if applicable)

Owner _____

Address _____

City _____ State _____ Zip _____

Phone _____

Describe property & damages _____

Location of property _____

Other Persons Involved

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Located in ☐ Your vehicle ☐ Other vehicle ☐ N/A

Involved as ☐ Passenger ☐ Pedestrian ☐ Witness

Injured? ☐ No ☐ Yes, describe injuries _____

Hospital/Clinic _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Located in ☐ Your vehicle ☐ Other vehicle ☐ N/A

Involved as ☐ Passenger ☐ Pedestrian ☐ Witness

Injured? ☐ No ☐ Yes, describe injuries _____

Hospital/Clinic _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Located in ☐ Your vehicle ☐ Other vehicle ☐ N/A

Involved as ☐ Passenger ☐ Pedestrian ☐ Witness

Injured? ☐ No ☐ Yes, describe injuries _____

Hospital/Clinic _____