



**ROSE & KIERNAN, INC.**  
 INSURANCE, SURETY & BENEFIT SERVICES

**IN CASE OF AN AUTO ACCIDENT**

**HERE'S  
 WHAT  
 TO DO!**

**KEEP THIS IN THE GLOVE  
 COMPARTMENT OF YOUR CAR**

1. Call proper authority, police, sheriff, etc. - give exact location.
2. Give only necessary information. **Admit nothing and sign nothing.**
3. Find witnesses. Get their names and addresses. Fill in form on reverse side.
4. Do not leave the scene of an accident.
5. Call your insurance agent.



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 www.rkinsurance.com

Beacon 845-831-1900	Buffalo 716-688-1231	Danbury 203-702-4700	East Greenbush 518-244-4245
Fishkill 845-350-3800	Glens Falls 518-792-0945	Kingston 845-338-6694	Pawling 845-855-3300
Plattsburgh 518-561-4700	Port Henry 518-546-7055	Potsdam 315-265-2341	Poughkeepsie 845-471-2113
Rochester 585-264-0520	Watertown 315-782-1300		

\_\_\_\_\_  
 Insured's Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 License#

\_\_\_\_\_  
 Your car (year, make and model)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Driven by

\_\_\_\_\_  
 License#

\_\_\_\_\_  
 Other car (year, make and model)

\_\_\_\_\_  
 License#

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Actual Owner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Insurance Agent

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Insurance Company

\_\_\_\_\_  
 Company Code

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Name of injured

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date: \_\_\_\_\_ Time of Day \_\_\_\_\_ Loss Address \_\_\_\_\_

Describe what happened: \_\_\_\_\_

**IMPORTANT INFORMATION IN CASE OF AN ACCIDENT**  
 Fill out as soon as possible.