What to do if you are in an accident?

1. Check to see if you or anyone is injured. Assist them if you can.
2. If there are injuries, call 9-1-1. Tell them your location, nature of the accident and extent of injuries.
3. Do not admit fault or make promises of payment.
4. Check the damage to your vehicle and surroundings.
5. Call the police and get a police report from the responding officer.
6. Take a photograph of the damage to your vehicle and other vehicles or property that has been damaged.
7. Call Glenwood Insurance and ask to speak with your claims consultant +1 (970) 945-9161, or email giainfo@glenwoodins.com and explain what happened.
8. Determine if there are any witnesses and obtain their:
   - Full Name
   - Phone Number(s)
   - Address
9. Exchange information with the other driver. Make sure to obtain their:
   - Full Name
   - Phone Number(s)
   - Driver's License # and State
   - License Plate #
   - Insurance Information
10. Fill out the Driver Accident Report as soon as possible following the accident so the details are fresh in your mind.

Named Insured Contact Information

Name:

Phone:

Email:

Insurance Carrier:

Policy Number:

Please contact Glenwood Insurance to report a claim. Send a copy of the accident report to your supervisor and claims consultant.

GLENWOOD INSURANCE SINCE 1911

1605-K Grand Avenue
Glenwood Springs, Colorado 81601
+1 (970) 945-9161
giainfo@glenwoodins.com
glenwoodinsurance.com

GLENWOOD INSURANCE SINCE 1911

Driver Accident Report

Date **Time**

Location

Light Condition	☐ daylight	☐ dusk	☐ dawn	☐ dark
Weather	☐ rain	☐ snow	☐ clear	☐ fog
Road Surface	☐ dry	☐ wet	☐ snow	☐ ice
Number of Lanes	☐ 1	☐ 2	☐ 3	☐ 4+
Highway	☐ divided	☐ undivided		

Insured Vehicle VIN

Model **Make**

Plate # **Year**

Was a trailer in tow? ☐ yes ☐ no

if yes, who is the owner?

VIN / Truck #

Model Make

Year Plate #

Insured Vehicle Driver

Name

Address

Driver License #

Personal Phone

Work Phone

Other Driver(s)

Name of Owner
Name of Driver
Address
Personal Phone
Work Phone

Model **Make**
Year **Plate #**

Insured By
Policy Number
# of People in Car
Type of Damage

Name of Owner
Name of Driver
Address
Personal Phone
Work Phone

Model **Make**
Year **Plate #**

Insured By
Policy Number
# of People in Car
Type of Damage

Additional Information

Investigating Officer

Name
Badge #

Witness Information

Name
License Plate # **State**
Address

Phone Number

Description of Accident

Your Speed
Any Warning Given
Details

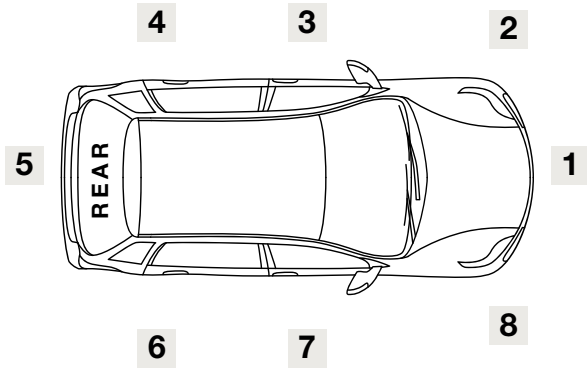
Narrative

Damage to Property? yes no

If yes, please attach additional paperwork describing the damage in detail. Include photographs.

Diagrams

Mark the numbers closest to the damaged areas on your vehicle.



Draw a basic picture of the accident. Include street names and arrows indicating the direction of travel for each vehicle.