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** _____ **AM/PM**

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

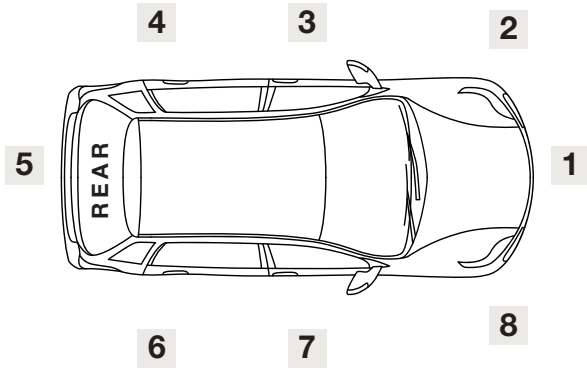
_____
_____
_____
_____
_____
_____
_____

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.