

IF YOU HAVE AN ACCIDENT:

SORM AUTO ACCIDENT RECORD

Provided by Alliant Insurance Services, Inc.

- Don't panic and stay calm. An accident is upsetting and can happen quickly. Don't argue with others involved in the accident. It can all be sorted out later.
- Help anyone that has been injured. If at all possible, don't move anyone. Call the police and fire department.
- Prevent another accident. Move your car out of the way of traffic and off road if possible.
- Give a factual account. When you talk to authorities, stick to the facts of what happened. Discuss only what you saw and how you were involved. Obtain the police report number if possible.
- Fill out the questions contained in this booklet to gather relevant information OR take photos of the drivers licenses and the damage of the other parties involved.

SORM State Office of Risk Management

Danica Dickson

Insurance Manager

P.O. Box 13777, Austin, TX 78711

(512) 936-1483 (Office)

(512) 370-9064 (Fax)

SormInsuranceTeam@sorm.texas.gov (Email)

Email this completed form and any photos of the accident to:

- laura.messina@texasattorneygeneral.gov
- Akbar.Sharif@alliant.com
- SormInsuranceTeam@sorm.texas.gov

Keep this in your glove box to help you remain organized and focused in the event of an auto accident.

OneBeacon Telephone:

1-877-284-5602

24-hours a day/7-days a week

 **Alliant**

PRELIMINARY ACCIDENT REPORT

AGENCY CODE _____

DATE _____ DAY: SU M T W TH F SA TIME _____ AM PM

LOCATION _____
IF RURAL SHOW NUMBER OF MILES N - S - W OF NEAREST CITY

FATALITIES	NUMBER OF INJURIES	TOWS	HAZMAT RELEASED? YES OR NO
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OUR VEHICLE AND DRIVER

DRIVER'S NAME _____

FLEET NO(S) _____

WAS A DRUG OR ALCOHOL TEST ADMINISTERED BY THE INVESTIGATING FEDERAL, STATE OR LOCAL OFFICIALS?
YES _____ NO _____

IF YES, WAS THE TEST FOR DRUGS? _____ ALCOHOL? _____ BOTH? _____

NAME OF AGENCY _____

ADDRESS OF AGENCY _____
PO BOX/STREET CITY STATE ZIP

PHONE NO OF AGENCY () _____

IF THE INVESTIGATING OFFICIAL DID NOT PERFORM TEST, NAME & ADDRESS OF WHERE YOU SUBMITTED FOR A DRUG OR ALCOHOL TEST:

NAME _____

ADDRESS _____
PO BOX/STREET CITY STATE ZIP

PHONE NO () _____

DRIVERS LIC. NO. _____ STATE _____ EXP _____ / _____ / _____

OWNER'S NAME _____ SEX (M/F)

PHONE NO () _____

ADDRESS _____
PO BOX/STREET CITY STATE ZIP

MAKE _____ MODEL _____

COLOR _____ YEAR _____

LICENSE PLATE # _____

INSURANCE CO. _____

AGENT'S NAME _____ PHONE # () _____

ADDRESS _____
PO BOX/STREET CITY STATE ZIP

POLICY NO _____ INJURIES YES/NO

VEHICLE DAMAGE _____

IF OTHER VEHICLES ARE DAMAGED, NOTE IN THE COMMENTS SECTION

INJURIES

NAME _____ AGE _____

TREATED AT _____
CLINIC/HOSPITAL - ADDRESS CITY STATE

DESCRIBE INJURIES _____

NAME _____ AGE _____

TREATED AT _____
CLINIC/HOSPITAL - ADDRESS CITY STATE

DESCRIBE INJURIES _____

WITNESSES

NAME _____ PHONE NO () _____

ADDRESS _____

NAME _____ PHONE NO () _____

ADDRESS _____

NAME _____ PHONE NO () _____

ADDRESS _____

DAMAGE TO PROPERTY

OWNER _____ PHONE NO () _____

ADDRESS _____

INVESTIGATION - LAW ENFORCEMENT

POLICE OFFICER'S NAME _____

STATION _____ BADGE NO _____

MOVING VIOLATION ISSUED? YES/NO

TO WHOM? _____

REMARKS

DESCRIPTION

GIVE A BRIEF ACCOUNT OF ACCIDENT _____

YOU ARE VEHICLE NUMBER 1. SHOW VEHICLE POSITIONS ON THE DIAGRAM BELOW.

