

Witnesses or Occupants

Witness Occupant

Name _____

Address _____

Home Phone _____ Work _____

Vehicle Occupied _____

Witness Occupant

Name _____

Address _____

Home Phone _____ Work _____

Vehicle Occupied _____

Witness Occupant

Name _____

Address _____

Home Phone _____ Work _____

Vehicle Occupied _____

Protect Your Property After An Accident

Take reasonable steps to avoid further damage

- Turn your engine off and close any openings.
- Make sure your vehicle is attended by a responsible person until it has been removed to a safe place. If you have Coverage for Damage to Your Auto-Collision, the cost of towing your vehicle to a safe or secured place will be covered, subject to the deductible.
- Remove your valuables from your vehicle.

Accident Reporting Laws

New Jersey

An accident occurring in New Jersey causing death or any personal injury, or damage in excess of \$500.00 to the property of any one person, must be reported within ten (10) days by the driver to the Director, Division of Motor Vehicles, unless a report has been submitted by a police officer. Forms may be obtained at any police station.

New York

A driver of a vehicle involved in an accident resulting in injury, death, or property damage to either vehicle must prepare and forward a Motor Vehicle Accident Report (MV104) to the Department of Motor Vehicles in Albany or to one of its branch offices within ten (10) days of the accident. If the operator is physically incapable of making the report, it is then the duty of the owner of the motor vehicle.

Pennsylvania

If a police officer does not investigate an accident, the driver(s) involved shall immediately, by the quickest means of communication, give notice to the nearest office of a duly authorized police department when the accident involves

- (1) injury or death to any person; or
- (2) damage to any vehicle involved to the extent that it cannot be driven under its own power in its customary manner without further damage or hazard to the vehicle, other traffic elements, or the roadway, and therefore requires towing.

Other States and Canada

Law enforcement officials should be consulted.

Accident/Loss Information Form

What To Do When An Accident Or Loss Happens

1. Promptly call the police if someone is seriously injured, if damage is extensive, or in case of theft. If you are the victim of a "hit-and-run" accident, you must report it to the police within 24 hours or as soon as possible.
2. If you cause even minor damage to someone else's property, you must contact the owner or leave your name, address and phone number.
3. Provide necessary insurance identification to the police or the other party in the accident.
4. **Do not give any statements to the other party. Provide information to law enforcement officials only.**
5. Complete this Accident/Loss Information Form at the scene. This is a convenient way for you to take brief notes of important information promptly. It does not take the place of an Accident Report or Claim Report.
6. Report the accident or loss to NJM Insurance Group as soon as possible by telephone.

1-800-367-6564

NJM Claims Telephone
Toll Free in the Continental United States
or call 1-609-883-1300 (Toll Charges Apply)

NJM Insurance
Group

Other Vehicle Involved

Make of Vehicle _____ Year _____
 Type _____
 Plate No. & State _____
 Driver _____
 Address _____

 Home Phone _____ Work _____
 Owner _____
 Address _____

 Home Phone _____ Work _____
 Describe Damage _____

 Insurance Co. _____
 Policy Number _____

Other Vehicle Involved

Make of Vehicle _____ Year _____
 Type _____
 Plate No. & State _____
 Driver _____
 Address _____

 Home Phone _____ Work _____
 Owner _____
 Address _____

 Home Phone _____ Work _____
 Describe Damage _____

 Insurance Co. _____
 Policy Number _____

The Accident or Loss Occured

Date _____ Time _____ AM/PM
 State _____ County _____
 City _____
 On _____
Street, Highway or Route
 At or Near _____
Cross Street, House Number or Other Landmarks

Police Investigation

Yes No
 Police Department _____
 Officer's Name _____
 ID No. _____
 Department Location _____
 Incident Number _____

Property Damage Other Than Vehicles

Property Owner _____
 Address _____
 Home Phone _____ Work _____
 Describe Damage _____

Notes: _____

Persons Injured

Name _____
 Address _____

 Home Phone _____ Work _____
 Vehicle Occupied _____
 Nature of Injuries _____

Seat Belt Used? Yes No
 Name of Hospital _____

Name _____
 Address _____

Home Phone _____ Work _____
 Vehicle Occupied _____
 Nature of Injuries _____

Seat Belt Used? Yes No
 Name of Hospital _____

Name _____
 Address _____

Home Phone _____ Work _____
 Vehicle Occupied _____
 Nature of Injuries _____

Seat Belt Used? Yes No
 Name of Hospital _____

List Witnesses - Other Side