

## 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