

**What to do ...
ACCIDENT GUIDE:**

1. **Do not leave the accident.** If your vehicle is creating a safety hazard, or if you're concerned for yourself or others, pull off the road or move to a safer place. Turn hazard lights on.
2. If anyone is injured, **call an ambulance** and see that the person receives proper medical attention. Do not administer any medical treatment or first aid unless you are qualified to do so.
3. **Call the police** and follow their instructions.
4. **Do not admit fault.**
5. Do not assign fault or enter into an argument concerning fault.
6. Do not make any statements concerning the accident to anyone except police officials. Do not make any settlements under any circumstances.
7. Complete this enclosed accident report in detail while you are at the scene of the accident.
8. Record the name(s), address(s), phone number(s), make of vehicle(s), and license number(s) of the other driver(s) and all passengers.
9. **IMPORTANT!** Collect the names, addresses and phone numbers of any and all witnesses.
10. *Direct your tow company to the Collision Center*

FOR EXPERT COLLISION REPAIRS

CALL (800) 446-1981

FATHERS & SONS COLLISION CENTER

989 Memorial Ave., West Springfield, MA 01089



Das Auto.



PORSCHE



Audi



Roadside Assistance Directory

For Customers covered by manufacturer Roadside Assistance Programs
Out of warranty call 1-800-5000-TOW

VW

1-800-411-6688

KIA

1-800-333-4542

AUDI

1-800-411-9988

VOLVO

1-800-638-6586

PORSCHE

1-800-438-1409

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ACCIDENT GUIDE

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ACCIDENT REPORT FORM

Collect this information at the scene of the accident

DETAILS

Date: / / Time: _____

Street: _____

City: _____

Road Conditions: _____

Weather: _____ Visibility: _____

Direction you were traveling: _____ Speed: _____

Direction of other vehicle?: _____ Speed: _____

Responding Officer: _____

Case Number: _____

DESCRIBE THE ACCIDENT

WITNESSES

Name: _____

Address: _____

Phone: _____

Name: _____

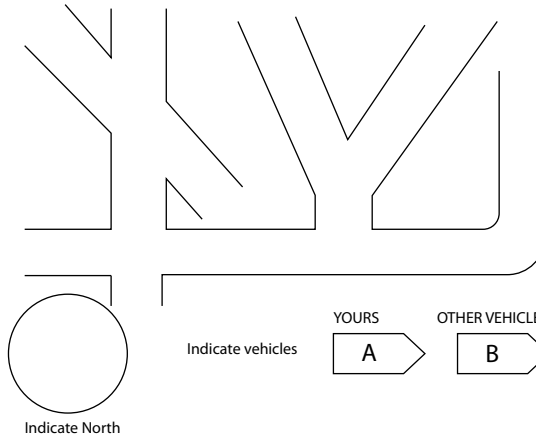
Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____



YOUR VEHICLE - Information

Vehicle Owner: _____

Tel#: _____

Address: _____

City & State: _____

Drivers Name: _____

Tel#: _____

Address: _____

License #: _____

MAKE & MODEL _____

LICENSE PLATE # _____

DESCRIBE DAMAGE TO VEHICLE

PASSENGER(s)

Name: _____

Address: _____

Phone: _____

OTHER VEHICLE - Information

Collect this information at the scene of the accident

DETAILS

Vehicle Owner: _____

Address: _____

City: _____

Make and Model of Vehicle: _____

License Plate#: _____

Name of Driver: _____

Drivers Lic. #: _____

Insurance Co.: _____

Policy Number: _____

DESCRIBE DAMAGE TO VEHICLE

DESCRIBE DAMAGE TO OTHER VEHICLES or PROPERTY

Owner: _____

Address: _____

Tel#: _____

DAMAGE: _____

Owner: _____

Address: _____

Tel#: _____

DAMAGE: _____
