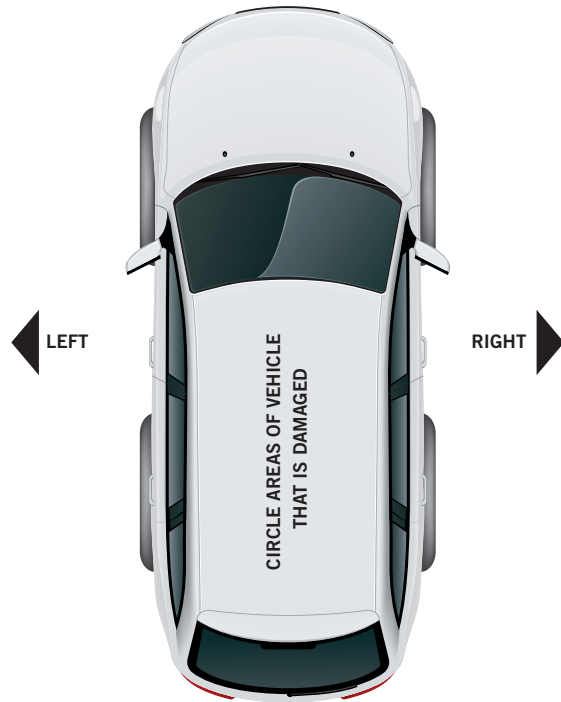


VEHICLE DAMAGE DIAGRAM

Fill in the following diagram to denote areas of damage to the vehicle.



VAN/BUS SEATING DIAGRAM

Fill in where the injured passengers were sitting and indicate if they were in a wheel chair - WC

DRIVER			
#1	#2	#3	#4
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC
#5	#6	#7	#8
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC
#9	#10	#11	#12
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC
#13	#14	#15	#16
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC
#17	#18	#19	#20
<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC	<input type="checkbox"/> WC

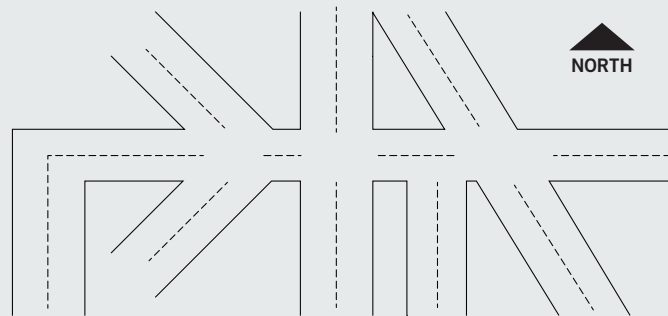
IN THE EVENT OF AN ACCIDENT BE SURE TO
CONTACT YOUR AGENT AND REPORT A CLAIM

POLICY NO. _____

POLICY TERM: _____

ACCIDENT DIAGRAM

1. Show all vehicles and their direction of travel
2. Use solid line and dotted lines to show vehicle paths before and after accident.
3. Specify location of any pedestrians.
4. Indicate traffic control devices or anything else relevant to accident.

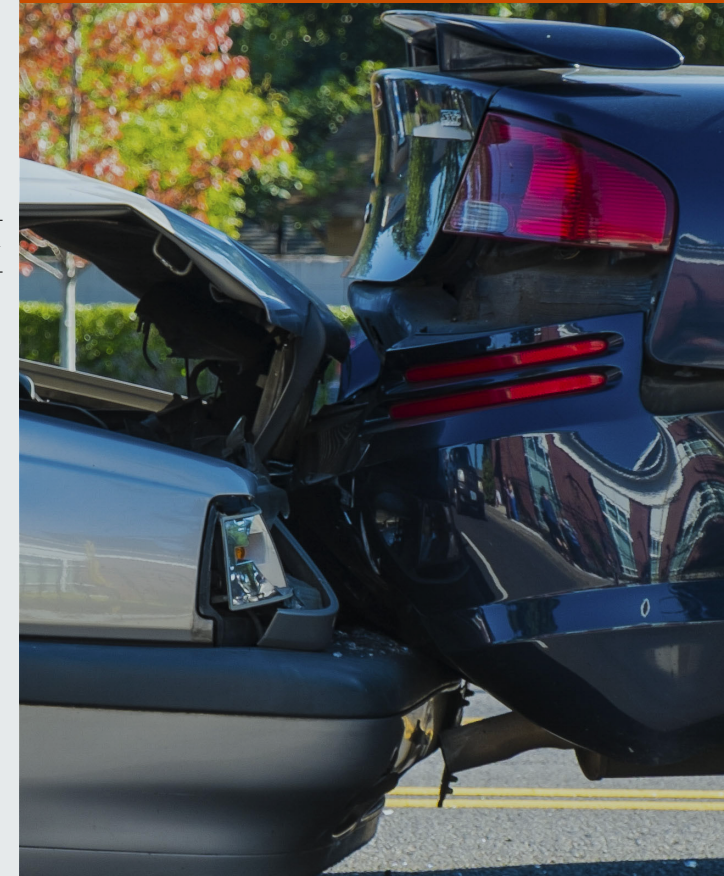


ACCIDENT DESCRIPTION



ACCIDENT PROCEDURE FORM

CONTACT HAWLEY & ASSOCIATES
425-462-4758 | 1.800-914-9135



IN THE EVENT OF AN ACCIDENT
FILL OUT THIS FORM

AFTER HOURS EMERGENCY LINE
425.577.4957



HAWLEY & ASSOCIATES, LLC

Protecting Your Mission

SPECIALIZED INSURANCE SERVICE SERVICES FOR CHILD WELFARE, SOCIAL SERVICES & HUMAN SERVICES

YOUR VEHICLE INFORMATION

Driver's Name:		DOB:
Driver's Address:		
Driver's License # / State:		Vehicle License #:
Make/Model:	Year of Vehicle:	Accident Date:
Describe Damage of Vehicle:		

YOUR PASSENGER INFORMATION

1. Name: Telephone #:
2. Name: Telephone #:
3. Name: Telephone #:

INFORMATION ABOUT OTHER VEHICLE

Owner's Name & Address:		
Driver's Name		DOB:
Driver's Address:		
Driver's License # / State:		Expiration:
Make/Model:	Year of Vehicle:	Vehicle License #
Insurance:	Policy #:	Agent:

INFORMATION ABOUT OTHER VEHICLE(S)

Owner's Name & Address:		
Driver's Name		DOB:
Driver's Address:		
Driver's License # / State:		Expiration:
Make/Model:	Year of Vehicle:	Vehicle License #
Insurance:	Policy #:	Agent:

WITNESSES

1. Name of Witness:	Phone #:
Address	
2. Name of Witness:	Phone #:
Address	
3. Name of Witness:	Phone #:
Address	
4. Name of Witness:	Phone #:
Address	
5. Name of Witness:	Phone #:
Address	

PROCEDURE IN THE EVENT OF AN ACCIDENT

1. SECURE THE VEHICLE:

- Turn on Hazard Warning Lights
- Set Parking Break
- Turn Off Engine
- Extinguish Any Fires/Smoking Materials

2. PROTECT THE ACCIDENT SCENE:

- Set Out Emergency Warning Detectors
- Move Vehicle If In Harms Way
- Direct Traffic

3. AID PASSENGERS AND INJURED PERSONS:

- Check For Injuries
- Evacuate The Vehicle If In Danger of Fire, Collision or Submersion

4. REPORT ACCIDENT/INCIDENT AND OBTAIN ASSISTANCE:

- Contact Emergency Medical Services - Dial 911
- Contact Fire Department
- Contact Police Department
- Follow Your Companies Reporting Procedures

5. REPORT/RECORD ACCIDENT FACTS AND INFORMATION:

- (Accident Reporting Form)
- Exchange Drivers License/Vehicle/Insurance Information
 - Collect Witness/Passenger Information (use this form)
 - Complete Accident Report Form With Diagram (this form)
 - If A Camera Is Available, Take Pictures Of Vehicle/Accident Scene/Injured parties (Consider Keeping A Disposable Camera In The Vehicle)

DO NOT DISCUSS ACCIDENT OR PROVIDE ANY INFORMATION TO ANY UNAUTHORIZED INDIVIDUALS, ADMIT GUILT OR FAULT TO ANYONE AT THE SCENE OF THE ACCIDENT, OR SIGN ANY STATEMENTS!

6. REPORT THE CLAIM TO HAWLEY & ASSOCIATES:

- Have Your Policy Number Ready

**TO REPORT A CLAIM, PLEASE CONTACT
HAWLEY & ASSOCIATES**

Phone: 425-462-4758

Toll Free: 800-914-9135

After Hours Claim Number: 425-577-4957