When reporting this accident, you will need information specific to the incident. Complete the Driver's Report of Accident in this brochure, and follow the reporting instructions listed on the back of your Insurance Identification card.

NOTES

Contact:

Therma Corporation
1601 Las Plumas Avenue
San Jose, CA 95133-1613

408-347-3400 Phone
408-347-3402 Fax

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ST PAUL TRAVELERS

The Travelers Indemnity Company,
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One Tower Square
Hartford, Connecticut 06183

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IN CASE OF A MOTOR VEHICLE ACCIDENT

(Please Keep This Brochure in Your Glove Compartment)

Here's What to Do

– 1. – Take precautions necessary to protect the scene of the accident from further accidents.

– 2. – Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.

– 3. – Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.

– 4. – Complete the DRIVER'S REPORT OF ACCIDENT portion of this brochure. You will need this information later for state and insurance reports.

– 5. – As soon as possible, report the accident to the proper authorities and to your Customer Service Unit.

DRIVER'S REPORT OF ACCIDENT

ACCIDENT INFORMATION

DATE OF ACCIDENT	TIME OF ACCIDENT ☐ A.M. ☐ P.M.
PLACE OF ACCIDENT (ST. OR HIGHWAY, CITY OR TOWN & STATE)	
DESCRIPTION OF ACCIDENT	

WITNESSES

It is important to get as many as possible!

	NAME	TELEPHONE NO. ( )
1	ADDRESS	
2	NAME	TELEPHONE NO. ( )
	ADDRESS	
3	NAME	TELEPHONE NO. ( )
	ADDRESS	

POLICE INVESTIGATION

WERE POLICE NOTIFIED? ☐ YES ☐ NO	POLICE ☐ CITY ☐ STATE	PRECINCT	REPORT NO.
POLICE OFFICER'S NAME	BADGE NO.	WAS ANYONE CITED? ☐ NO ☐ YOU ☐ OTHER DRIVER	

YOUR VEHICLE INFORMATION

YEAR	MAKE	MODEL	PLATE NO.	STATE
VIN (VEHICLE I.D. NO.)			COLOR	
OWNER OF VEHICLE				
OWNER'S ADDRESS				

DRIVER'S NAME			TELEPHONE ( )
ADDRESS			
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE

DESCRIPTION OF DAMAGE
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)

OTHER VEHICLE INFORMATION

DRIVER'S NAME			TELEPHONE ( )
ADDRESS			
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE
YEAR	MAKE / MODEL	PLATE NO.	STATE
OWNER OF VEHICLE		OWNER'S ADDRESS	
INSURANCE COMPANY		POLICY NUMBER	

DESCRIPTION OF DAMAGE
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)

INJURED PERSONS

	NAME	TELEPHONE NO. ( )
1	ADDRESS	AGE / SEX: M F
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS ☐ DRIVER ☐ PASSENGER ☐ IN OTHER VEHICLE ☐ PEDESTRIAN	
	DESCRIPTION OF INJURY	
2	NAME	TELEPHONE NO. ( )
	ADDRESS	AGE / SEX: M F
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS ☐ DRIVER ☐ PASSENGER ☐ IN OTHER VEHICLE ☐ PEDESTRIAN	
	DESCRIPTION OF INJURY	
3	NAME	TELEPHONE NO. ( )
	ADDRESS	AGE / SEX: M F
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS ☐ DRIVER ☐ PASSENGER ☐ IN OTHER VEHICLE ☐ PEDESTRIAN	
	DESCRIPTION OF INJURY	

DAMAGE TO PROPERTY

	OWNER'S NAME	TELEPHONE NO. ( )
1	ADDRESS	
	DAMAGED PROPERTY	EXTENT OF DAMAGE
2	OWNER'S NAME	TELEPHONE NO. ( )
	ADDRESS	
	DAMAGED PROPERTY	E OF DAMAGE