Car Collision Checklist





Keep a pen and a copy of this Car Collision Checklist in your glove box. Policyholders call 1-800-747-7642 to file a claim.

If you are aware of insurance fraud, report it to our fraud hotline at

1-800-610-6437 or cfraud@rockfordmutual.com

You can rely on Rockford Mutual and your Independent Insurance Agent when an accident occurs. With a 97% Customer Satisfaction Rating, your policy is backed by quality claims service providing you with the attention to detail you deserve. Our priority is to settle your claim quickly and fairly.

	Safety		☐ Document the Collision		
	Check to see if anyone has been injured. If so, dial 9-1-1 immediately for medical help. If you are injured, don't move and wait for help. Turn on your hazard lights.			Take photos or video of the scene making sure to capture all vehicle damage, the vehicle license plates, area where the collision occurred and the people involved, if it can be done safely.	
	Move the vehicles, if drivable, to the shoulder or as far away from traffic as possible.			Note the date, time and location of the collision. If possible, take photos of nearby road signs or notable landmarks (e.g., gas	
	Set up road flares and orange warning cones or reflective triangles, if available, to further warn other drivers. These should be set up in front of and behind the vehicles.			DATE OF ACCIDENT	
	Call the police to complete a report of the incident.			LOCATION OF ACCIDENT	
	Collect Information			Take a photo of something that has the current date for proof (e.g., newspaper clipping or screenshot of website), if possible.	
	Gather license, registration and insurance info from the other driver(s)			Collect contact inform	ation from witnesses.
				WITNESS NAME	PHONE NUMBER
	NAME			Report the Collision	
	DRIVERS LICENSE NUMBER	REGISTRATION NUMBER			
	INSURANCE COMPANY	INSURANCE NUMBER		Get the responding po badge number.	lice officer's name and
	Take a photo of their license(s), registration and insurance info, if possible. Make sure that the Vehicle Identification Number (VIN) and/or license plate is visible.			OFFICER NAME	BADGE NUMBER
				Note the accident report number and a contact number to request a copy of the report.	
	VIN NUMBER	LICENSE PLATE NUMBER			
	Collect contact information for the driver(s),			ACCIDENT REPORT NUMBER CONTACT NUMBER	
	including home/work/cell phone numbers and an email address.			Provide your agent with and/or motorist report	
	HOME PHONE	CELL PHONE		File a Claim	
	WORK PHONE			Call your insurance agent or Rockford Mutual directly at 1-800-747-7642 to file your claim as	
	EMAIL ADDRESS			soon as possible.	
	Note the make/model and year of the involved vehicles.			Note the name of the insurance agent handling your file, date and time of the call, a contact number and the claim number.	
	VEHICLE MAKE/MODEL	YEAR		AGENT NAME	DATE & TIME OF CALL
	VEHICLE MAKE/MODEL	YEAR		CONTACT NUMBER	CLAIM NUMBER

