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RELEASE FROM OTHER DRIVER

IF OTHER DRIVER agrees you're not at fault, ask them to sign:

I hereby release & exonerate
& his/her employer, from any fault or liability for
an accident involving the undersigned today at
location: _____

SIGNATURE: X _____

PRINT NAME: _____

DATE: _____

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NOTIFY INSURANCE COMPANY**DO & DON'T****DO**

- Report the accident to the Department of Motor Vehicles as soon as possible.
- Write a complete description of the accident while it's fresh in your mind.
- Have even minor damage fixed. Letting your car go unrepaired can cost you in the long run.

DON'T

- Never discuss accident details with anyone other than police and insurance company.
- Never agree to a phone recording or give a signed statement to other driver's claims adjustor/insurance company.
- Don't be fooled by a lower estimate. You have the right to choose the bodyshop. Don't sign release until every detail is repaired to your satisfaction.
- Never allow your car to be towed to a repair shop you are not familiar with. Don't authorize repairs by signing a tow release unless you have decided to have your car repaired by the shop it's being towed to.

Call us if you have any questions.
218-722-9464

Ogston's Body & Paint deals with collision repair and insurance companies everyday. Let us take care of all the details and put your mind at ease.

Ogston's
BODY & PAINT

50 W. Central Entrance • Duluth, MN 55811
218-722-9464 • Fax: 218-722-6932
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IN AN ACCIDENT OPEN IMMEDIATELY

**IN CASE OF AN
ACCIDENT...**

**DETAILED STEPS ON
WHAT TO DO**



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If you are in an accident follow these simple steps to ensure your physical and legal safety.

1 STAY SAFE

Remain calm. Stop safely. Turn Emergency lights on. Watch for oncoming traffic.

2 DON'T APOLOGIZE

An apology can imply fault. Never admit fault. If you have to say something, ask "Are you okay?"

3 CONTACT AUTHORITIES

Call an ambulance if people are injured. Notify your supervisor if you are driving a company vehicle.

4 GET WITNESSES

Complete witness information section in step 6.

5 PROVIDE CONTACT INFO

Show your driver's license and registration. Complete contact information for other involved driver in step 6.

5 RECORD THE FACTS

WHEN _____ TIME _____ AM PM

WHERE _____

OTHER VEHICLE Get directly from VEHICLE REGISTRATION CARD

MAKE _____ MODEL _____
 COLOR _____ YEAR _____
 LICENSE PLATE# _____ STATE _____
 VEHICLE ID# (VIN) _____
 OWNER'S NAME _____
 STREET ADDRESS _____
 CITY/STATE/ZIP _____

OTHER DRIVER Get directly from DRIVER'S LICENSE

DRIVER'S NAME _____
 DATE OF BIRTH _____ SEX M F
 STREET ADDRESS _____
 CITY/STATE/ZIP _____
 LICENSE# _____ STATE _____
Add Driver
 HOME PHONE _____ WORK PHONE _____
If driver is not owner of vehicle, ask driver:
 WAS DRIVER ON ANY ASSIGNMENT FOR OWNER? YES NO

INSURANCE (OTHER VEHICLE)

COMPANY _____ PHONE _____
 POLICY HOLDER _____ POLICY# _____

AMBULANCE DEPT/STATION _____

POLICE OFFICER _____ DEPT _____

POLICE REPORT# _____

WEATHER SUNNY RAIN F. CLOUDY DRIZZLE CLOUDY SNOW DARK SLEET DUST OTHER _____

DAMAGE

Describe location & extent of damage. Use diagrams below.

OTHER VEHICLE

YOUR VEHICLE



DIAGRAM OF ACCIDENT

Show where vehicles went and how accident happened. Use these symbols.

YOUR VEHICLE WITNESS
 OTHER VEHICLE

ROAD

DRY WET SNOW ICE
 GRAVEL DIRT OTHER _____

PASSENGERS

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? _____
 DESCRIBE INJURIES _____ NONE

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? _____
 DESCRIBE INJURIES _____ NONE

NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____
 IN WHICH VEHICLE? _____
 DESCRIBE INJURIES _____ NONE

WITNESS

Witness 1
 NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____

Witness 2
 NAME _____ SEX M F
 ADDRESS/CITY _____
 STATE/ZIP _____
 HOME PHONE _____ WORK PHONE _____