

RALEIGH COLLISION

Free Estimates - Call Today!
(919) 231 - 0500

Home | Services | Before & After | FAQ's | Location | Contact

Locally Owned and Operated

Authorized Center for Insurance Claims

The advertisement features a white BMW with front-end damage on the left. In the center is a brick building with a green roof and 'RALEIGH COLLISION' signage. On the right, a paint gun is shown spraying paint. The background is a teal gradient with a blue sky and clouds.

The odds are nearly one in 10 that you or someone you know will be involved in an accident this year. While some accidents involve other cars and extensive damage, most are minor fender-benders. **Print this page** and keep it in your glove compartment in case you are involved in an accident. It includes space for you to record important information regarding the accident.

10 steps to take if you are involved in an accident:

1. Turn off your vehicle's engine and leave it where it is if you feel it is safe to do so. If you feel threatened, or your car is in danger of being hit by another car, slowly drive to a place where you feel safe, such as the side of the road or a well-lit parking lot.
2. Keep calm.
3. Are you injured? Assess the amount of impact and judge to what degree you may be hurt. If you think you're injured, stay in your car and try to relax. Be honest if anyone asks how you are. Ask someone to call for help and let a professional assess your condition.
4. Assess your situation. When examining the possible damage to your vehicle, **NEVER** walk directly between the two cars – if one is hit again, you could be trapped between the two vehicles.
5. Provide medical help to others **ONLY** if you are trained to do so.
6. Call the police. Dial 9-1-1 first. If that doesn't work, dial 0 and ask for the police.
7. Don't say the accident was your fault, even if you believe it was.
8. Be tactful and courteous, even if you're angry.
9. Get the names, addresses and phone numbers of any witnesses. If you can't get their names, at least get their license plate numbers.
10. Exchange names, addresses, license numbers and insurance information with any other drivers involved in the accident.

Important Information – Take Notes:

Your Insurance Company

Your Policy Number

Your Agent

Date of Accident _____

Time _____

Location

Other Driver's Name

Address _____

—

City _____ State _____

ZIP _____

Phone () _____

Year/Make and Model other driver's vehicle

Insurance Company

Agent

Policy Number _____