

Glove Box Guide

Courtesy of:

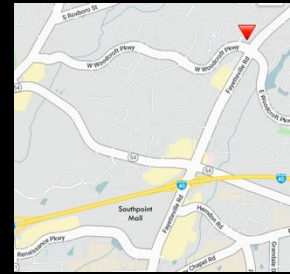


Drs. Chris and Valentina

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5501 Fortunes Ridge Drive, Ste K, Durham, NC 27713

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In the Event of a Fender Bender or Major Accident, Follow These Tips:

- **Stay Calm:** Don't Argue, state only the facts, don't admit guilt. Call 911 for medical assistance and law enforcement. If there are injuries provide first aid but don't move anyone unless you have medical or lifesaving expertise. Upon arrival of law enforcement get the officer's information.
- **Stay Safe:** *If there are no serious injuries, try to move the vehicles to the side of the road out of oncoming traffic. If a vehicle cannot be moved or if there are serious injuries, turn on hazard lights and set out flares or warning signals to alert other drivers of the accident. Either way, turn off your engine.*
- **Exchange information:** *Complete the accident check sheet. IF the driver's name is not that on the insurance card, jot it down.*
- **Document and Photograph the Accident:** *Use your cell phone camera to take pictures of the accident scene and damage to the different vehicles. Also take pictures of any injuries. If there is a witness get their contact info. Take detailed notes about the accident.*
- **File An Accident Report:** *In many locations officers may not respond. You should always file an accident report which is available at a police station or downloadable from the DMV website. In some states, it is the law to file an accident report.*
- **Contact the Professionals:** *Call your insurance agent to report the accident, schedule a chiropractic consultation to determine if you have any injuries from the accident and have your vehicle repaired by a trusted auto body mechanic.*



Fill out the following, then place in your glovebox:

Insurance Coverage: _____

Towing Coverage: _____ Rental Vehicle Reimbursement: _____

Towing Company #: _____ Insurance Agent: _____

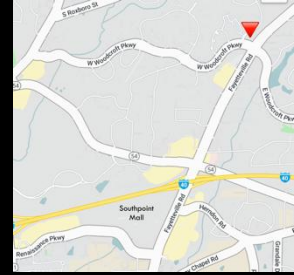
Chiropractor: _____ Auto Body Shop: _____

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Pull Out And Complete After An Accident:

Date: _____ Time: _____

Location: _____

Weather Conditions: _____

Your Car

License Plate #: _____

Vin: _____

Make/Model/Yr: _____

Driver: _____

Passenger 1: _____

Passenger 2: _____

Additional Passengers: _____

Driver's Information

Name: _____

License #: _____

Issuing State: _____

Exp Date: _____

Insurance Card Information

Name: _____

Relationship: _____

Company: _____

Policy #: _____

Agent: _____

Police Report

Responding Department: _____

Officer's Name: _____ Badge #: _____

Accident Description: _____

Witnesses: _____

Their Car

License Plate #: _____

Vin: _____

Make/Model/Yr: _____

Driver: _____

Passenger 1: _____

Passenger 2: _____

Additional Passengers: _____

Driver's Information

Name: _____

License #: _____

Issuing State: _____

Exp Date: _____

Name: _____

Relationship: _____

Company: _____

Policy #: _____

Agent: _____