

## Collision guide

## Keep your Ford a Ford

Accidents can come out of nowhere. Keep this brochure in your vehicle so you know what to do if you're ever in one.

If you're involved in a collision, **follow these steps:**



Move to a safe spot if possible, turn on your hazard lights and be careful getting out of the vehicle.



Check to see if anyone is injured or needs assistance and call 911.



Don't admit fault. Use the form in this brochure to make sure you collect information from the other driver and any witnesses.

You can reach Roadside Assistance by calling 1-800-241-3673.

When it's time for repairs, make sure your vehicle is repaired the right way.



You have the right to choose which body shop you use.



You don't have to use a body shop your insurance company recommends.



You have the right to choose which parts are used to replace damaged parts. It's your right to get new OEM parts.



You don't have to release your vehicle to a body shop before you are ready.



Get your estimates completed before starting any repairs.

You can find a shop with the tools, facilities and training needed to properly repair your vehicle in the Ford National Body Shop Network. Go to [collision.ford.com](http://collision.ford.com). Remember, when it comes to parts and repairs on your damaged vehicle, it's your call.

Find all this information and more at [collision.ford.com](http://collision.ford.com).



What to do if you're in a collision.

# It's Your Call

# Collect information.

Keep this brochure in your glove compartment. If you're ever in an accident, use this guide and your phone's camera to collect important information and take pictures of the accident scene, road and weather conditions.



## Driver and vehicle information

Driver's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Vehicle owner's name: \_\_\_\_\_

Vehicle make: \_\_\_\_\_

Vehicle model and year: \_\_\_\_\_

Vehicle color: \_\_\_\_\_

License plate number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance phone: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Draw a map or diagram of accident:

## Damage

To your vehicle: \_\_\_\_\_

To the other vehicle: \_\_\_\_\_

Towing company name: \_\_\_\_\_

## Accident conditions

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Weather and road conditions: \_\_\_\_\_

Location: \_\_\_\_\_

Additional details: \_\_\_\_\_

## Witness information

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_