



## RCAB Office of Risk Management What to do in the Event of an Auto Accident

**Even a minor fender bender can be an emotional experience. The Office of Risk Management will provide you with assistance in navigating the claims process.**

A. Immediately after an accident, take the following steps:

1. Put the emergency brake on and turn off the ignition.
2. If uninjured, exit vehicle. Be certain to move to a safe area away from traffic.
3. Remain calm. Do not argue with the other parties.
4. Confirm that everyone involved is **not injured**. If there are injuries, call for medical attention immediately.
5. Contact police and inform them of any injured parties. By reporting the accident to police, you will help protect yourself from potential liability claims or legal action.
6. Exchange the following information with the involved parties: names; addresses; drivers' license numbers; auto insurance company information.
7. Note weather, road conditions and time of the accident.
8. Record names and telephone numbers of any witnesses to the accident.
9. As soon as possible, report the accident to:
  - **Jane Dempsey**, Tel 617-746-5898; Fax 617-977-9779; [dempse\\_j@rcab.org](mailto:dempse_j@rcab.org).
  - If it is a serious accident involving bodily injury and Ms. Dempsey is not available, you may contact **Liberty Mutual** directly at their 24-hour hotline: 1-800-362-0000. Identify yourself as a participant in the Archdiocese of Boston Auto Insurance Program. Liberty Mutual will conduct a full investigation and appraise the vehicle damage.
10. When available, obtain a copy of the police report.

B. When you report the accident, have available notes with information relative to:

- All involved parties, including witnesses
- Weather and road conditions
- Areas of damage on involved vehicles
- Any injuries
- Name of the repair shop where you would like to have your vehicle repaired

**Insured: Roman Catholic Archdiocese of Boston  
RCAB Auto Policy# AS2-611-004414-011**

**FREQUENTLY ASKED QUESTIONS**

1. **Who is our auto insurer?** Liberty Mutual Insurance Group.
2. **How do I report a new auto claim for the first time?** Call Jane Dempsey, telephone: 617-746-5898. Please have your vehicle information available, as well as information regarding the accident, such as the date, time, place and description. Jane will report the claim to Liberty Mutual. Jane will also provide direction and answer questions concerning the claims process.
3. **What does Willis do?** Willis is our insurance broker responsible for procuring our master automobile insurance program. They provide customer and claims support and advocacy services for our staff. They also provide the insurance stamp for automobile registrations and renewals. For details on auto registration, visit our website, [www.rcabrisk.org](http://www.rcabrisk.org); select “Institutions” from the top menu, then “Auto” from the left hand navigation menu and then “Auto Registration.” *Please note, however, that certain Orders have their registrations renewed by their corporate office or provincial and not through Willis.*

Adriana Galimi at Willis provides support on more serious automobile cases involving bodily injury or litigation.

4. **I have a body shop estimate or windshield repair bill. Where do I send it?** You should fax it to 603-334-8117, Attention: Alan Korn, or mail it to Alan Korn’s attention at the following address: Liberty Mutual, PO Box 7214, London, KY, 40744. Be sure to include “Roman Catholic Archdiocese of Boston” as the insured and the claim number on the document.

5. **Does RCAB have full glass coverage under their auto policy?** Yes, the policy has full coverage for glass, which means there is no deductible for damage to glass. The policy does, however, have a \$500 deductible for collision and comprehensive damage.
6. **Is there a preferred glass vendor for Liberty Mutual?** No. You can you use any licensed, reputable glass or repair provider in your area.
7. **Do we have rental coverage?** Yes. The rental allowance is up to \$30.00 per day for a maximum of 30 days. Liberty's preferred rental car vendor is Enterprise Rent-A-Car.
8. **I need to speak to someone at the auto insurer, Liberty Mutual, about a new or existing auto claim (property damage, injury, glass repair) for RCAB. What should I do?** First, contact the Liberty Mutual Claim Line at 1-800-362-0000 for adjuster name/phone and claim number. If needed, contact Alan Korn at Liberty Mutual, telephone 1-800-441-0122, ext. 20699, or via email: [alan.korn@libertymutual.com](mailto:alan.korn@libertymutual.com).

If you have any difficulty reaching Liberty Mutual, or you have any questions or concerns relative to the claim, you may also contact Jane Dempsey at 617-746-5898 or Kent Wilkins, Archdiocese of Boston Claims Manager, at 617-746-5743, fax 617-779-4510, email: [kent\\_wilkins@rcab.org](mailto:kent_wilkins@rcab.org).



**RCAB Office of Risk Management  
Auto Accident Reporting Form**

*This form may be used as a guide for telephone reporting, or it can be completed and faxed to Jane Dempsey at Fax #: 617-977-9779.*

**Your Name:** \_\_\_\_\_ **Your Phone:** \_\_\_\_\_

**When and where did the accident occur? Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Street/HWY/Intersection:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**How did the accident occur?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Weather Conditions:** \_\_\_\_\_ **Were police at the scene?** Yes  No

**Police department/precinct name:** \_\_\_\_\_ **Officer/badge #:** \_\_\_\_\_

**Citations issued:** Yes  No  **To whom were citations issued:** \_\_\_\_\_

**Describe the damage to your car:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the damage to the other cars in the accident:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VEHICLE & OPERATOR INFORMATION

	Car 1 (Your Car)	Car 2 (Other Car)
Year/Make/Model		
License Plate/State		
Name of Driver of Vehicle		
VIN # of Insured Vehicle		
Driver's Address		
Driver's Date of Birth		
Driver's Injury (if any)		
Driver's Telephone #		
Name of Owner of Vehicle		
Owner's Address		
Insurance Co./Policy #		

## PASSENGER INFORMATION

**(For additional passengers, please attach a second sheet.)**

	Car 1 (Your Car)	Car 2 (Other Car)
Name		
Address		
Phone		
<b>Describe Injury (if any)</b>		

## PEDESTRIAN INFORMATION

Pedestrian Name	
Pedestrian Address	
Pedestrian Phone	
<b>Describe Injury (if any)</b>	

## WITNESS INFORMATION

	Witness (1)	Witness (2)
Witness Name		
Witness Address		
Witness Phone		

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