

Auto Accident Checklist & Tips



AFTER A CAR ACCIDENT

Follow these suggestions, depending on the extent of the collision.

- Remain at the scene. Stay calm.
- Check for injuries and immediate dangers. Get help if needed (call 911), and if you are injured, don't move until help arrives. Do not attempt to move the injured unless there is an imminent safety threat (e.g. burning vehicle).
- If possible, move your car to the side of the road. Turn the engine off, if it is running. Stay to the side of the road.
- Warn oncoming traffic. Turn on your car hazard lights, set out safety flare(s).
- Exchange information with all involved drivers. Be sure to get names, addresses, phone numbers, license numbers, and insurance information.
- Do not admit responsibility at the accident scene or blame anyone else. Discuss the incident only with the police (if law enforcement is on the scene).
- Do not discuss the scope of your insurance coverage.
- If possible, take photos of damage to all vehicles at the scene.

SEE REVERSE FOR SUGGESTED DETAILS »

COLLISION DETAILS

YOUR VEHICLE:

Date _____ Time _____ AM ___ PM _____

Location _____

City _____ State _____

Approximate speed at time of accident (mph) _____

Weather/visibility conditions _____

Traffic conditions: _____

DESCRIBE THE ACCIDENT:

POLICE INFORMATION *(if responding):*

Officer Name _____

Agency _____

Badge # _____

WITNESSES:

Name _____

Street _____

City _____ State _____

Phone # _____

Name _____

Street _____

City _____ State _____

Phone # _____

OTHER DRIVER(S)

VEHICLE #1:

Name _____

Street _____

City _____ State _____

Vehicle #1 approx. speed at time of accident (mph) _____

Make of Car _____

Year _____ Color _____

Lic. Plate # _____ State _____

Owner _____

Street _____

City _____ State _____

Insurance Company/Agency _____

Visibly Injured? _____

Injury _____

VEHICLE #2:

Name _____

Street _____

City _____ State _____

Vehicle #1 approx. speed at time of accident (mph) _____

Make of Car _____

Year _____ Color _____

Lic. Plate # _____ State _____

Owner _____

Street _____

City _____ State _____

Insurance Company/Agency _____

Visibly Injured? _____

Injury _____