

Accident Checklist

- Get help for the injured.
- Call the police. Remain at the scene of the accident.
- Warn oncoming traffic. Set hazard lights and flares.
- Try to remain calm.
- Do not admit fault.
- Exchange names, addresses, phone numbers, makes of vehicles, driver's and vehicle license numbers, and insurance company/policy number information with all drivers.
- Get names, addresses, and phone numbers of all passengers and witnesses.
- Sketch the accident (see diagram).
- Examine and record damage to other vehicles and property.
- Take pictures of the scene and damage.
- Only answer questions asked by police and your insurance company.
- Call your insurance company promptly.

Emergency Checklist

Put together an emergency kit to keep in your car. Be sure to include:

- Blanket
- Nonperishable food
- Notepad
- Pen or pencil
- Flares
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First-aid supplies
- Paper towels



Accidents happen – even to the most careful drivers. Knowing what to do after an accident will help you to remain calm and in control. It can also help you get back on the road faster. Take a moment to review this guide and keep it in your glove compartment in the event of an accident.

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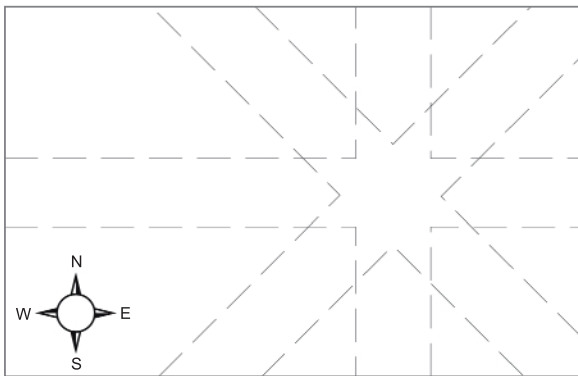
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Please sketch the accident.

Identify the vehicles and use an arrow to depict the direction the vehicles were traveling by using the examples below.

1. Your vehicle and travel direction
2. Other vehicle and travel direction
3. Other vehicle and travel direction



How did it happen:

Accident Facts

Name _____
Date _____
Time _____
City _____
Where did the accident occur? _____

Condition of the road _____
Weather _____
How fast were you traveling? _____
How fast was the other vehicle traveling? _____
Did police take a report? _____
Responding police department _____

Case number _____

Other Vehicle

Owner's name _____
Insured by _____
Policy number _____
Vehicle license plate number _____
Day phone _____
Evening phone _____
Best time to call _____
Address _____

Vehicle make & model _____

Owner's driver's license number _____
Birthdate _____
Driver's name (if other than owner) _____

Day phone _____
Evening phone _____
Best time to call _____
Driver's license number _____
Damaged part of vehicle _____

Injured Person of Other Vehicle

Name _____
Phone _____
Address _____

Age _____
Extent of injury _____

Damage to Your Vehicle

Damaged part of vehicle _____
Damage to Other's Property _____
Owner _____
Phone _____
Address _____

Description of damage _____

Witness(es)

Name #1 _____
Phone _____
Address _____

Name #2 _____
Phone _____
Address _____
