**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

**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.

**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.
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 __________________________