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.
• If you are carrying a camera, 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
• Disposable camera

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 ____________________________

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 ____________________________