



What to Do if You Have an Auto Accident

An auto accident can be a traumatic experience. Surprised and stuck in traffic—your car damaged, your heart racing—it can be hard to know what to do.

- Don't leave the scene of the accident.
- Take steps to prevent further accidents and/or injury – park safely, turn on emergency flashers.
- Check to see if anyone is injured.
- Call the police or ask someone to call for you.
- Give the other driver(s) your name, your insurance company name and phone number, the vehicle's license plate number and your operator's license number.
- Obtain as much information as possible about other parties involved.
- Discuss the specifics of the accident only with the police.
- If you have a camera, please take photos of the accident scene and vehicles if it is safe to do so.

Date _____ Time _____ AM
PM

DRIVERS & VEHICLES:

Your Vehicle

Driver: _____
Address: _____
(Street)

(City) (State) (Zip)

Driver License No: _____
Daytime Telephone No: _____
Cellular Telephone No: _____
Email address: _____

Make of vehicle: _____ Yr _____

Model: _____

Vehicle owner: _____

Address: _____
(Street)

(City) (State) (Zip)

Daytime Telephone No: _____

Email address: _____

Passenger(s): _____

Other vehicle

Driver name: _____

Address: _____
(Street)

(City) (State) (Zip)

Driver License No: _____

Daytime Telephone No: _____

Cellular Telephone No: _____

Email address: _____

Make of vehicle: _____ Yr _____

Model: _____

License Plate No: _____ ST _____

Vehicle owner (if different than driver): _____

Address: _____
(Street)

(City) (State) (Zip)

Daytime Telephone No: _____

Email address: _____

Insurance Carrier: _____

Policy Number: _____

Passenger(s): _____

Address: _____
(Street)

(City) (State) (Zip)

Daytime Telephone No: _____

Cellular Telephone No: _____

Passenger(s): _____

Address: _____
(Street)

(City) (State) (Zip)

Daytime Telephone No: _____

Cellular Telephone No: _____

LOCATION & DESCRIPTION OF ACCIDENT:

Street _____ Intersecting with _____

City _____ State _____

Light Conditions (Check one): Daylight Dusk

Dawn Dark

Weather: Rain Snow

Clear Fog

Road Surface: Dry Wet

Snow Ice

Highway: _____ Divided Undivided

Number of Lanes: _____

Posted speed limit: _____

Your speed: _____

Other vehicle speed: _____

Location of Damage to your vehicle: _____

Towed? Yes No Location: _____

Location of Damage to other vehicle: _____

Towed? Yes No Location: _____

Description of accident: _____

Police Department: _____

Investigating Officer: _____

Badge No: _____ Report number: _____

Citations: _____

Witnesses:

Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Daytime Telephone No: _____

Cellular Telephone No: _____

Persons Injured:

Driver of your vehicle: Yes No

Passenger(s) in your vehicle: Yes No

Driver of other vehicle: Yes No

Passenger(s) in other vehicle: Yes No