



# ACCIDENT CHECKLIST

— PRINT & KEEP THIS IN YOUR GLOVE COMPARTMENT —

- 1 GET SAFE**
- TURN ON HAZARD LIGHTS
  - GET TO A SAFE SPOT IF YOU CAN
  - BE CAREFUL EXITING THE VEHICLE!

- 2 GET HELP**
- CALL 911 IF ANYONE IS INJURED!
  - CHECK TO SEE IF ANYONE IS INJURED, RENDER FIRST AID IF POSSIBLE.

- 3 GET INFORMATION**
- USE THIS FORM TO COLLECT IMPORTANT INFORMATION

QUICK TIPS

**USE YOUR PHONE CAMERA** TO COLLECT INFO AT THE SCENE

**! DON'T ADMIT FAULT**  
"FAULT" IS A LEGAL DETERMINATION THAT MOST OF US ARE NOT TRAINED TO MAKE. BUT IF YOU ADMIT FAULT, IT COULD BE HELD AGAINST YOU.

**USE THE CHECKLIST INSIDE**

### DRIVER/VEHICLE INFORMATION

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Address, City, State, Zip \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Vehicle Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle Owner's Address, City, State, Zip \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model/Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Agent's Name & Phone \_\_\_\_\_

*Fold and place in your glove compartment.  
Give copies to your friends and family.  
(\*2-fold\* so the page on the left is visible.)*

### WITNESS/PASSENGER INFO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

### ACCIDENT DETAILS

Day/Date \_\_\_\_\_ Time: AM / PM \_\_\_\_\_

Weather / Road Conditions \_\_\_\_\_

Location of Accident \_\_\_\_\_

### DAMAGE DESCRIPTION

Your Vehicle: \_\_\_\_\_

Other Vehicle: \_\_\_\_\_

Towing Company Name \_\_\_\_\_ Phone \_\_\_\_\_

*Sketch*  
Use the other side for additional notes and to sketch the accident scene.