



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

 CALL 911 IF ANYONE IS INJURED!

 CHECK TO SEE IF ANYONE IS INJURED,
 RENDER FIRST AID IF POSSIBLE.
- GET INFORMATION

 USE THIS FORM TO COLLECT

 IMPORTANT INFORMATION

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.

HELD AGAINST YOU.

USE THE CHECKLIST INSIDE

BUT IF YOU ADMIT FAULT, IT COULD BE

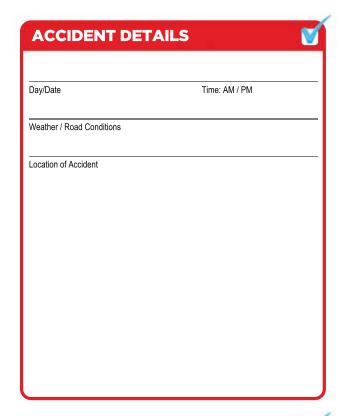
DRIVER/VEHICLE INFORMATION				
Driver's Name		Phone		
Driver's Address, City, State,	Zip			
Driver's License Number		Expiration Date		
Vehicle Owner's Name		Phone		
Vehicle Owner's Address, City	y, State, Zip			
Vehicle Make	Model/Year	Color		
License Plate Number		State		
Insurance Company		Phone		
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/PAS	V	
Name	Phone	
Address, City, State, Zip		
Name	Phone	
Address, City, State, Zip		
Name	Phone	
Address, City, State, Zip		



DAMAGE DESCR	RIPTION	V
Your Vehicle:		
Other Vehicle:		
	Di .	
Towing Company Name	Phone	



Sketch

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