

ACCIDENT CHECKLIST

- Stop immediately. Keep calm. Do not argue, accuse anyone, or make any admission of blame for the accident. Do not leave the scene, however, if the vehicles are operable, move them to the shoulder of the road and out of the way of oncoming traffic.
- Warn oncoming traffic.
- Call medical assistance for anyone injured. Do what you can to provide first aid, but do not move them unless you know what you are doing.
- Call appropriate law enforcement authorities.
- Get information requested in this form.

YOUR VEHICLE INFORMATION

Owner _____
Phone () _____
Address _____

Make / Model _____
Vehicle ID # _____
License Plate # _____
State License Issued _____
Driver's Name _____
Phone () _____
Address _____

Driver's License # _____
State License Issued _____
Area of Damage _____

OTHER VEHICLE

Owner _____
Phone () _____
Address _____

Make / Model _____
Vehicle ID # _____
License Plate # _____
State License Issued _____
Driver's Name _____
Phone () _____
Address _____

Driver's License # _____
State License Issued _____
Area of Damage _____

INJURED PERSON

Name _____
Phone () _____
Address _____

Age _____
Extent of Injury _____

DAMAGE TO OTHER PROPERTY

Owner _____
Phone () _____
Address _____

Nature of Damage _____

ACCIDENT FACTS

Date _____
Time _____
City _____
Street _____
Condition of Road _____
Weather _____
Direction of your car _____
Speed of your car _____
Direction of other car _____
Speed of other car _____
Did the police take a report? _____
Responding police department _____
Case / Report Number _____
Please give a brief description of how the accident occurred _____

WITNESSES

Name _____
Phone () _____
Address _____

Name _____
Phone () _____
Address _____

