



## 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: \_\_\_\_\_  
\_\_\_\_\_