

Car Accident Checklist

DATE OF ACCIDENT _____

TIME _____ AM _____ PM _____

PLACE OF ACCIDENT _____

DRIVER'S NAME _____

DRIVER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

DRIVER'S LICENSE _____

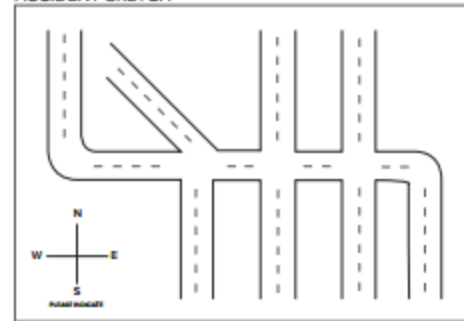
VEHICLE _____
MAKE MODEL YEAR

INSURANCE COMPANY _____

POLICY NUMBER _____

PASSENGERS IN THE VEHICLE _____

ACCIDENT SKETCH



Accident Checklist

- Get medical help.
- Contact the police.
- Exchange insurance & contact information with all drivers.
- Collect contact information from passengers and witnesses.
- Take photos of the accident scene with camera/phone.
- Sketch the accident as soon as you are able to.
- DO NOT discuss the accident with anyone other than police.
- Contact a qualified auto accident attorney as soon as possible.

DESCRIBE THE ACCIDENT (SPEED, DIRECTION, WEATHER CONDITIONS)

WITNESS #1 NAME _____ PHONE _____ ADDRESS _____ EMAIL _____

WITNESS #2 NAME _____ PHONE _____ ADDRESS _____ EMAIL _____