### Fill out as completely as possible:

#### **ACCIDENT INFORMATION**

Time Date
Location (address and/or landmarks):
Conditions (weather, traffic and/or road):
Describe the accident (add direction of travel, speed, etc.):
Describe any injuries to you, to passengers or bystanders. Include information about emergency response (police/ambulance):
Describe damage to your vehicle (add photos if possible):



## Do you have a camera or mobile device on hand?

Here is a checklist of photos to take when documenting an accident.

**STAY SAFE.** DO NOT take photos at the scene if doing so will put you or others at risk of injury or further damage!



License plate(s) of vehicles involved



Damage to other vehicles involved



Damage to your vehicle



Landmarks, street signs or address markers to identify the location



Damage to any property or objects at the scene (debris, skids, fallen trees, etc.)

## **Protect Your ID**

DO NOT allow your driver's license to be photographed. Provide your name and correct VEHICLE INSURANCE INFORMATION to others involved in an accident. Obtain contact and driver's license information if ownership/insurance documentation is **not provided.** 

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# CHECK Auto Accident Checklist

STAY CALM. Call an ambulance if needed. ALWAYS call the police. If police are not dispatched, be sure to file an incident report.

**STAY SAFE.** Traffic, fire, injury, debris and weather all pose continuing risks.

STAY SMART. Be courteous, but do not admit fault. And ALWAYS protect your identity.

USE this guide to collect information to file an accident report with your insurance company.

Provide the following		
NAME:		
YOUR VEHICLE INSURA	NCE INFORMATION:	
Vehicle Make:	_ Model:	
Year: Color:		
VIN:		
Insurance Company:		
Agent:		
Agent's Phone :		
Policy Number:		

.

REMEMBER: Vehicles may be borrowed, rented, etc. Be sure that the insurance information (VIN, make, model, etc.) presented to you matches each vehicle in question. Use "NOTES" to provide any necessary detail.

DRIVER/VEHIO	DRIVER/VEHICLE INFORMATION:			
Name:				
Vehicle Make	:Model:			
Year:	Color: Lic. Plate #			
VIN #:				
INSURANCE INFORMATION				
Company:	Agent:			
Phone:				
Policy #:				
—— Consider	ID protection. Obtain if ownership/insurance documentation is <b>not provided</b> .			
Address:				
Phone:	Driver's License#			
	CLE INFORMATION:			
	CLE INFORMATION:			
Name:				
Name:				
Name:	Model: . Color: Lic. Plate #			
Name: Vehicle Make Year: VIN #:	Model: . Color: Lic. Plate #			
Name: Vehicle Make Year: VIN #: INSURANCE I	: Model: Color: Lic. Plate #			
Name: Vehicle Make Year: VIN #: INSURANCE II Company:				
Name: Vehicle Make Year: VIN #: INSURANCE I Company: Phone:	Model: Color: Lic. Plate # NFORMATIONAgent:			
Name: Vehicle Make Year: VIN #: INSURANCE II Company: Phone: Policy #: Exp. Date:	Model: Model: Lic. Plate # NFORMATION Agent:			
Name: Vehicle Make Year: VIN #: INSURANCE II Company: Phone: Policy #: Exp. Date:	Model: Model: Lic. Plate # NFORMATION Agent:			
Name: Vehicle Make Year: VIN #: INSURANCE II Company: Phone: Policy #: Exp. Date: Consider	Model: Lic. Plate # NFORMATION  Agent:  ID protection. Obtain if ownership/insurance documentation is <b>not provided</b> .			
Name: Vehicle Make Year: VIN #: INSURANCE II Company: Phone: Policy #: Exp. Date: Consider	Model:Model: Color:Lic. Plate # NFORMATIONAgent:  ID protection. Obtain if ownership/insurance			

DAMAGE TO PROPERTY (NOI Include address (location) ar or property:	N-VEHICLE) nd description of damage to objects	
DACCENICED ANTINESS	NOTES	
PASSENGER/WITNESS:	NOTES:	
Name:		
Address:		
Phone:		
PASSENGER/WITNESS:	NOTEC.	
Name:	NOTES:	
Address:		
Address.		
Phone:		
PASSENGER/WITNESS:	NOTES:	
Name:		
Address:		
Phone:		
POLICE INFORMATION	Was a police report filed? YES   NO	
Officer's Name: Jurisdiction (City, County, etc):		
Report #:		
Time/Date:		
NOTE: If no police report is filed, be sure to file an incident report for your claim.		