



POST VEHICLE ACCIDENT CHECKLIST

Keep this checklist in your glove compartment. Taking these actions can help protect you and others after a vehicle accident.

- Get help for anyone injured - call 911 if needed.
- Do not move an unconscious person unless his or her life is in danger.
- If it can be done safely, move all involved vehicles out of the way of traffic.
- Turn on hazard lights and set up cones, warning signs and/or flares.
- Call police.
- Collect information noted in the form below.
- Provide to the other driver(s) only the information on your proof-of-insurance card (your name, the policyholder's name, vehicle information, the insurance company's name, the agent's name and phone number, and the policy number).
- Do not allow your driver's license to be photographed.
- Safely take photos of the following:
 - Each car, including license plates and all vehicle damage
 - Each driver
 - Any skid marks
 - Location markers (landmarks, street signs, addresses)
 - Accident debris
 - Other property damage
- File an incident report with police if a police report is not filed.
- Notify your insurance agent, regardless of fault, and record the claim number.
- Ask your agent about rental car options and how repairs will be handled.
- Do not discuss the accident with anyone except police and your insurance agent.
- Be aware that what you say to people could be used if you pursue a claim.
- Do not agree to any settlements, from an insurance company or otherwise, without consulting an attorney who specializes in auto accidents.
- Do not sign any document that is not from the police or your insurance agent.
- Seek medical treatment as soon as possible even if symptoms are not immediately apparent.
- Make sure that you make your medical providers aware of all the physical symptoms and limitations you have experienced since the accident.
- Document with whom you spoke and when, including witnesses, insurance company representatives, medical providers, police officers and other investigators.
- Keep receipts for all of your related expenses including repairs, parking, transportation, medical bills, co-pays, etc.

COLLECT THE FOLLOWING INFORMATION

FROM THE OTHER DRIVER(S)

Name: _____

Address: _____

Phone number: _____

Email: _____

Auto insurance company: _____

Policy number: _____

Insurance agent's name and number: _____

- Verify that the vehicle listed on the insurance information matches the vehicle involved in the accident.
- If ownership or insurance documentation is not provided, get the driver's license information from the other driver(s).

FROM PASSENGERS AND WITNESSES

Name: _____

Address: _____

Phone number: _____

FROM POLICE

Officer's name: _____

Jurisdiction (city/county/state): _____

Badge number: _____ Was police report filed?: _____

Police report number: _____ Time/date of police report: _____

Tickets/citations issued: _____

ABOUT THE OTHER VEHICLE(S)

Make: _____ Model: _____ Year: _____ Color: _____

License plate number: _____ State of plate issuance: _____ Vehicle ID number: _____

Name of owner on registration: _____

Company name or logos on vehicle: _____

Relationship to driver (if not owner): _____

ABOUT THE ACCIDENT

Date: _____ Time: _____ Location: _____

Weather: _____ Road conditions: _____

Traffic conditions: _____