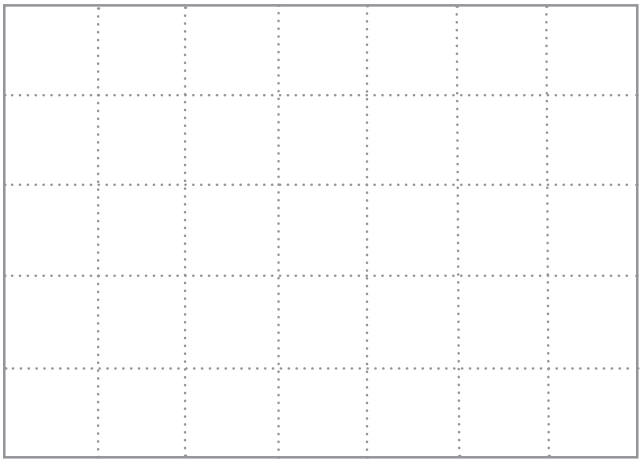
# Auto Accident Checklist

- ☐ **Stop immediately.** If you are creating a hazard, pull off to the side of the road. Use your vehicle's hazard lights to warn oncoming traffic.
- ☐ **Obtain first aid, if needed, and ask someone to call police.** If there are injuries, keep the victims as comfortable as possible, but don't move them unless they are in immediate danger.
- ☐ **Stay calm**. Don't argue, don't admit fault, and don't accuse anyone of fault.
- ☐ **Record the make, model, and license plate number** of all vehicles. Ask for the driver's license numbers of those involved.
- ☐ **Secure the names and addresses** of all parties, as well as any witnesses and/or injured parties.
- ☐ **Make a diagram of the accident** showing the position of affected vehicles during and after the crash.
- ☐ **If you are able, take pictures** of the damage to your car and the area of the accident, to help document what happened.
- ☐ **At the accident site,** don't make any settlement offers or volunteer to pay damages.
- ☐ **Make sure the attending officer files a police report.** Ask where and how you can obtain a copy of the report.
- ☐ **Report the accident** to your insurance agent or company as soon as possible.
- ☐ **File a financial responsibility report** with the state or local police, if required by law.

## Auto Accident Diagram



Driver's Name: _____

Agent's Name:_____

Phone Number: _____

Date/time of accident: _____

Road conditions: _____

Weather conditions: _____

Traffic conditions: _____

Accident location: _____

Other driver's name and phone number: _____

Other party's vehicle description/driver's license number:

_____

_____

Other driver's insurance company: _____

Were there any passengers in your vehicle? Other vehicle? Names, ages, injuries: _____

_____

_____

_____

Did EMT respond? Injuries treated: _____

_____

_____

Did the police respond? If so, officer's name and badge number: _____

_____

Was a police report made? If so, report number: _____

_____

Damage to vehicles: _____

_____

_____

Impact location on your vehicle: _____

_____

Impact location on other vehicle: _____

_____

Comments made by other drivers: _____

_____

_____

Witnesses' names, phone numbers, and addresses: _____

_____

_____

Other notes: _____

_____

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