

Accident Checklist Keep a copy in each vehicle

Safety First: Call 911 **Date:** _____ **Time:** _____

Location / street names _____

Were there any injuries?

Name: _____ **Phone:** _____

Driver Passenger Pedestrian

Name: _____ **Phone:** _____

Driver Passenger Pedestrian

Name: _____ **Phone:** _____

Driver Passenger Pedestrian

Driver 1 _____

Name: _____

Address: _____

Phone: _____ **D.L. #** _____

Insurance Co. _____ **Policy #** _____

Vehicle Make/Model: _____ **Color:** _____

License # _____ **State:** _____ **Year:** _____

Driver 2 _____

Name: _____

Address: _____

Phone: _____ **D.L. #** _____

Insurance Co. _____ **Policy #** _____

Vehicle Make/Model: _____ **Color:** _____

License # _____ **State:** _____ **Year:** _____

Driver 3 _____

Name: _____

Address: _____

Phone: _____ **D.L. #** _____

Insurance Co. _____ **Policy #** _____

Vehicle Make/Model: _____ **Color:** _____

License # _____ **State:** _____ **Year:** _____

Witness Name: _____

Address: _____

Phone: _____

Witness Name: _____

Address: _____

Phone: _____

Witness Name: _____

Address: _____

Phone: _____

Share only pertinent information at the scene. Provide your driver's license, registration, insurance information and contact information ONLY to other drivers and police officers. Do NOT discuss accident details with anyone but the police. Do NOT discuss responsibility with anyone except a representative of your insurance company.