



# Auto Accident Checklist

Keep this checklist and a pen in your car with your insurance card. Following an accident, try to fill out the information as completely as possible. Remember to take photos and/or video of the scene to go with this worksheet. Use the information to file your insurance claim.

## If you're in an accident:

1. Remain calm.
2. Assess the scene. Do not get out of your car if it is not safe to do so.
3. Check for injuries.
4. Call police. Tell them where you are, what happened and if there are injuries.
5. **DO NOT** admit fault.
6. Exchange information with the other drivers.
7. Get names and phone numbers of witnesses.
8. Take photos/video of the scene including the damage to all cars. Cell phone photos will work to document initial damage.
9. Write down/record your record of the events.
10. If the police respond, find out where to get a copy of the police report for your claim. If the police do not come to the scene, ask police dispatch where you can file an incident report.

Fill out as completely as possible:

### Other vehicle's information

#### Vehicle #1

Driver's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Driver's Licence #: \_\_\_\_\_  
 Registered owner: \_\_\_\_\_  
 Relationship to registered owner: \_\_\_\_\_  
 Registered owner's address: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 VIN #: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

#### Vehicle #2

Driver's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Driver's Licence #: \_\_\_\_\_  
 Registered owner: \_\_\_\_\_  
 Relationship to registered owner: \_\_\_\_\_  
 Registered owner's address: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 VIN #: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

### Passenger Information

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Accident information

#### Location of Accident

Location/Intersection: \_\_\_\_\_  
 Your direction of travel: \_\_\_\_\_  
 Other vehicle's direction of travel: \_\_\_\_\_

#### Injuries

Your own: \_\_\_\_\_  
 Your passenger(s): \_\_\_\_\_  
 Other driver: \_\_\_\_\_  
 Their passenger(s): \_\_\_\_\_  
 Pedestrians/Bystanders: \_\_\_\_\_

#### Damage

Your vehicle: \_\_\_\_\_  
 Other vehicle: \_\_\_\_\_  
 Other property: \_\_\_\_\_

#### Accident report

Police Report  yes/no  
 Officer's Name: \_\_\_\_\_  
 Badge #: \_\_\_\_\_  
 Report #: \_\_\_\_\_  
 Time/Date: \_\_\_\_\_

*Use the back of this worksheet to draw a diagram of the scene and to make notes about the accident.*

If you have problems settling the claim with your insurance company, call your state insurance department. Consumer representatives can better explain the claims process and can help if you choose to file a complaint against the insurance company. Go to <http://map.naic.org> for contact details for the state insurance departments.

Understanding auto insurance can be difficult, so take the guess work out of buying a policy. Get smart about your insurance needs. Go to [www.InsureUonline.org](http://www.InsureUonline.org) for more information and tips for saving money on your premium.