



AUTO ACCIDENT CHECKLIST

Keep a pen and a copy of this Checklist in your glove box. If you're involved in an auto accident:

- Stay as calm as possible.
- Check for injuries. Safety is more important than vehicle damage. Call 911 for an ambulance if needed.
- Turn on your hazard lights. Use cones, warning triangles, or flares for safety. If you are blocking traffic **and it is safe to do so**, pull off to the side of the road or into a well lit parking lot.
- Turn off your auto's engine. If it is safe to do so, step out of your car.
- Call the police, even for minor accidents.
- Make immediate notes about the accident, including specific damages to all vehicles involved. Take pictures of the damage to your vehicle, the other vehicle(s) and the area of the accident. If your cell phone does not have a camera, keep a disposable camera in your glove box for this purpose.
- Be courteous and state only the facts. Make sure your thoughts are clear before making any statements to the police.
- Don't make statements about responsibility to the police, the other driver, witnesses, or anyone else at the scene and don't accept fault, even if you believe the accident may have been caused by you.
- If you believe the other driver has been drinking or is otherwise impaired, do not confront him or her. Let the police handle it.
- Call National Auto Collision Centers 24 hours a day, 7 days a week. We will arrange for free towing to our shop, assist you with your insurance claim and rental car, and provide quality repairs to your vehicle with a lifetime guarantee.

Fill out this report as completely as possible:

- Police called? Yes _____ No _____
- Other vehicle information:

Driver:
 Name: _____
 Address: _____
 Phone: _____
 Driver's License #: _____
 Relationship to registered owner: _____

Registration:
 Name of registered owner: _____
 Address: _____

Vehicle:
 VIN: _____
 Make: _____
 Model: _____
 Year: _____ Color: _____
 License Plate: _____
 Insurance Co: _____
 Policy Number: _____
 Phone: _____ Exp. Date: _____

Passengers/Witnesses:
 Name: _____
 Phone: _____
 Name: _____
 Phone: _____
 Name: _____
 Phone: _____

Accident Information:
 Police Report taken? Yes _____ No _____
 Report Number: _____
 Officer Name: _____
 Badge Number: _____
 Time: _____ AM / PM Date: _____

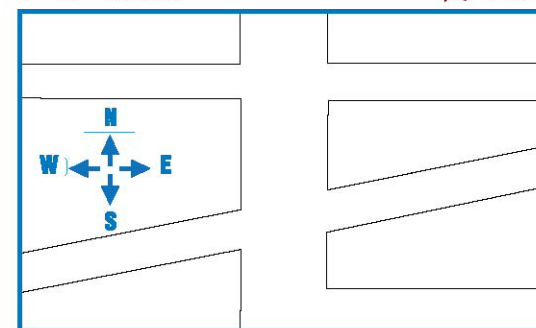
Location of collision: _____
 Direction of travel: _____
 Your vehicle: _____
 Other vehicle: _____

Injuries:
 Your own: _____
 Your passengers: _____
 Other driver: _____
 Their passenger: _____
 Pedestrians: _____

Area of Damage:
 Your vehicle: _____
 Other vehicle: _____
 Other property: _____

Diagram of Accident Scene:
 Using these symbols, sketch a diagram showing positions of all vehicles, your position, stop lights, stop signs, and pedestrians:

- 1 First Car Your position  Stop sign
- 2 Second Car  Pedestrian  Stop light
- 3 Third Car  Witness



North/South Street: _____

East/West Street: _____

Record description of accident on back.