

ACCIDENT GUIDE



- 1 – STOP immediately, but do not obstruct traffic.
- 2 – ASSIST injured. Have someone call police. Repeat after 5 minutes.
- 3 – SECURE name, phone number, & address information for other drivers and witnesses.
- 4 - SECURE make, model, and license numbers for involved vehicles
- 5 – MAKE a rough drawing of the scene.
- 6 – DON'T hastily accept claim settlements at the scene of an accident.
- 7 – REMAIN CALM, courteous, and consistent in your version of the accident
- 8 – NOTIFY your employer/agent

YOU AND YOUR VEHICLE

YOUR NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
PHONE NUMBER: _____
EMAIL: _____
COMPANY NAME: _____
POLICY NUMBER: _____
VEHICLE MAKE/MODEL: _____
VEHICLE VIN#: _____
INJURIES? DESCRIBE: _____

OTHER VEHICLE INVOLVED

DRIVER NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
PHONE NUMBER: _____
EMAIL: _____
DRIVER'S LICENSE #: _____
INSURANCE COMPANY: _____
POLICY NUMBER: _____
VEHICLE MAKE/MODEL: _____
VEHICLE VIN#: _____

PASSENGERS

NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
PHONE NUMBER: _____
EMAIL: _____
☐ IN YOUR VEHICLE ☐ IN OTHER VEHICLE
INJURIES? DESCRIBE: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
PHONE NUMBER: _____
EMAIL: _____
☐ IN YOUR VEHICLE ☐ IN OTHER VEHICLE
INJURIES? DESCRIBE: _____

ACCIDENT INFORMATION

DATE: _____ TIME: _____ ☐AM ☐PM
LOCATION OF ACCIDENT (CITY, STATE, HIGHWAY,
MILE MARKER, ETC): _____

ROADWAY: _____
NEAREST INTERSECTION: _____
NUMBER OF VEHICLES INVOLVED: _____
POLICE DEPARTMENT: _____
OFFICER'S NAME: _____
ACCIDENT REPORT NUMBER: _____
TOWING SERVICE: _____
AMBULANCE SERVICE: _____

ACCIDENT DETAILS

DESCRIBE THE ACCIDENT, INCLUDING THE
CONDITION OF THE ROADWAY, SPEED, WEATHER
CONDITIONS, EVENTS LEADING UP TO THE
ACCIDENT AND PHYSICAL EVIDENCE AFTER THE
ACCIDENT: _____

ACCIDENT DIAGRAM



DRIVER IDENTIFICATION CARD

YOUR NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
PHONE NUMBER: _____
COMPANY NAME: _____
POLICY NUMBER: _____
VEHICLE MAKE/MODEL: _____
VEHICLE VIN#: _____

DRIVER IDENTIFICATION CARD

YOUR NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
PHONE NUMBER: _____
COMPANY NAME: _____
POLICY NUMBER: _____
VEHICLE MAKE/MODEL: _____
VEHICLE VIN#: _____

WITNESS INFORMATION CARD

WITNESS: PLEASE COMPLETE AND RETURN TO
DRIVER. I WAS A: ☐PASSENGER ☐OBSERVER
DATE: _____ TIME: _____
DID YOU SEE THE ACCIDENT HAPPEN? Y / N
WERE YOU RIDING IN A VEHICLE INVOLVED?
☐YES: WHICH VEHICLE? _____ ☐NO
WERE YOU HURT? _____
YOUR NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
COMMENTS ABOUT THE ACCIDENT: _____

WITNESS INFORMATION CARD

WITNESS: PLEASE COMPLETE AND RETURN TO
DRIVER. I WAS A: ☐PASSENGER ☐OBSERVER
DATE: _____ TIME: _____
DID YOU SEE THE ACCIDENT HAPPEN? Y / N
WERE YOU RIDING IN A VEHICLE INVOLVED?
☐YES: WHICH VEHICLE? _____ ☐NO
WERE YOU HURT? _____
YOUR NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____
COMMENTS ABOUT THE ACCIDENT: _____
