

What To Do After An Accident

Glove Compartment Quick Reference Guide

- 1. Stop.** If you are physically able and your vehicle is operable, you should stop as close to the scene of the accident as possible without obstructing traffic. Activate your emergency flashing lights if they are working.
- 2. Call the police (#911).** Call the state or local police to report the following: location of your vehicle, your name, address, driver's license number and vehicle registration number. Cooperate and answer the officer's questions regarding the facts of the accident truthfully. **Do not admit fault or discuss the accident and how it happened with anyone else.**
- 3. What if I am injured?** Tell a law enforcement officer immediately that you are injured and describe your injuries. If other passersby stop at the scene before the police arrive, tell them you are injured so they can call 911 or an ambulance.
- 4. Gather information from all parties involved.** Name, address, and phone number of each driver; vehicle(s) license plate numbers; driver's license number; automobile insurance company and the policy number; the make and model of all vehicles involved in the accident; company name and identifying information if a commercial vehicle is involved.
- 5. Take photographs** of the accident scene and the damage to your vehicle if possible.
- 6. Identify any witnesses.** Get the names and phone numbers of any witnesses. This could be key in identifying who is at fault in the accident.
- 7. Should I go to the hospital?** If the police or emergency medical personnel recommend taking you directly to a hospital Emergency Room after examination, you should go. If you do not go to the hospital from the accident scene, but believe you are injured, have someone drive you to the hospital Emergency Room or to your doctor's office as soon after the accident as possible.
- 8. Call your insurance company** to report the accident. Give a description of the accident but do not admit fault. We do not recommend giving a recorded statement without consulting an attorney.

Accident Information Record

Your Insurance Company: _____
Your Policy#: _____
Your Insurance Co. Phone #: _____

Other Identifying Characteristics: _____

The Other Driver's Information:

Name: _____
Address: _____

Phone #: _____
License Plate #: _____
Driver's License #: _____
Auto Insurance Company: _____
Insurance Policy #: _____
Make & Model of Vehicle: _____
Is it a Commercial Vehicle? _____
Company Name: _____

Name: _____
Address: _____

Phone #: _____
License Plate #: _____
Driver's License #: _____
Auto Insurance Company: _____
Insurance Policy #: _____
Make & Model of Vehicle: _____

Accident Information:

Date: _____ Time: _____
Location: _____

Weather Conditions: _____
Road Conditions: _____

Witness Information:

Witness Name: _____
Witness Phone #: _____
Witness Name: _____
Witness Phone#: _____

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