

STOP.

If you are physically able and your car 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.

Report the following:

- Your name
- ☐ Location of your vehicle☐ A general description of what happened
- Cooperate and answer the questions regarding the facts of the accident truthfully. Do not admit fault or discuss the accident and how it happened with anyone else.

WHAT IF I AM INJURED?

Tell a law enforcement officer immediately that you are injured and describe your injuries. If others stop at the scene before the police arrive, tell them you are injured so they can call 911 or an ambulance.

GET THE FOLLOWING INFORMATION FROM ALL PARTIES INVOLVED.

- ☐ Name, address, and phone number of each driver
- ☐ Vehicle(s) license plate numbers
- □ Drivers license number of each driver
- ☐ Automobile insurance company and the policy number
- ☐ Make and model of all vehicles involved in the accident
- ☐ Company name and identifying information if a commercial vehicle is involved

TAKE PHOTOGRAPHS OF THE ACCIDENT SCENE.

Photograph the damage to your vehicle, the accident scene, and the other vehicles involved in the collision, if possible.

IDENTIFY ANY WITNESSES.

Get the names and contact information of any witnesses. Witnesses are critical in identifying who was at fault in the accident, and police officers do not always record this information.

SHOULD I GO TO THE HOSPITAL?

If you are injured, or if the police or emergency medical personnel recommend taking you to an emergency room, 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 emergency room or to your doctor's office as soon after the accident as possible.

CALL YOUR INSURANCE COMPANY TO REPORT THE ACCIDENT.

Give a description of the accident but do not admit fault. You are not required to provide a recorded statement, and we do not recommend giving one without consulting an attorney.

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Protecting the Injured Since 1910

ACCIDENT INFORMATION RECORD

YOUR INFORMATION

Your insurance company: _ Your policy number: _ Your insurance company's phone number: _____ **ACCIDENT INFORMATION** Location: _____ Weather conditions: ____ Road conditions: _____ THE OTHER DRIVERS' INFORMATION: Address: ____ Phone number: _ License plate number: _____ Auto insurance company: _ Driver's license number: _ Insurance policy number: _____ Make & model of vehicle: __ Is it a commercial vehicle? Yes ☐ No ☐ If yes, what is the name of the company? _____ Other identifying characteristics: _____ Name:__ Address: _____ Phone number: License plate number: ____ Auto insurance company: _____ Driver's license number: _ Insurance policy number: _____ Make & model of vehicle: __ WITNESS INFORMATION Phone number: _____ Name:_ Phone number: ___