Fill out as completely as possible:

ACCIDENT INFORMATION

Time _____ Date _____

Location (address and/or landmarks):

_____

_____

_____

Conditions (weather, traffic and/or road):

_____

_____

Describe the accident (add direction of travel, speed, etc.):

_____

_____

_____

_____

_____

_____

Describe any injuries to you, to passengers or bystanders. Include information about emergency response (police/ambulance):

_____

_____

_____

_____

_____

Describe damage to your vehicle (add photos if possible):

_____

_____

_____

_____

_____

_____

_____

_____

_____

FOLD

Do you have a camera or mobile device on hand?

Here is a checklist of photos to take when documenting an accident.

STAY SAFE. DO NOT take photos at the scene if doing so will put you or others at risk of injury or further damage!

- ✓ License plate(s) of vehicles involved
- ✓ Damage to other vehicles involved
- ✓ Damage to your vehicle
- ✓ Landmarks, street signs or address markers to identify the location
- ✓ Damage to any property or objects at the scene (debris, skids, fallen trees, etc.)

Protect Your ID

DO NOT allow your driver's license to be photographed. Provide your name and correct VEHICLE INSURANCE INFORMATION to others involved in an accident. Obtain contact and driver's license information if ownership/ insurance documentation is **not provided.**

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FOLD

WRECK CHECK

Auto Accident Checklist

- ✓ **STAY CALM.** Call an ambulance if needed. ALWAYS call the police. If police are not dispatched, be sure to file an incident report.
- ✓ **STAY SAFE.** Traffic, fire, injury, debris and weather all pose continuing risks.
- ✓ **STAY SMART. Be courteous, but do not admit fault. And ALWAYS protect your identity.**
- ✓ **USE** this guide to collect information to file an accident report with your insurance company.

Provide the following

NAME: _____

YOUR VEHICLE INSURANCE INFORMATION:

Vehicle Make: _____ Model: _____

Year: _____ Color: _____

VIN: _____

Insurance Company: _____

Agent: _____

Agent's Phone : _____

Policy Number: _____

REMEMBER: Vehicles may be borrowed, rented, etc. Be sure that the insurance information (VIN, make, model, etc.) presented to you matches each vehicle in question. Use "NOTES" to provide any necessary detail.

DRIVER/VEHICLE INFORMATION:

Name: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____ Lic. Plate #_____

VIN #: _____

INSURANCE INFORMATION

Company: _____ Agent: _____

Phone: _____

Policy #: _____

Exp. Date: _____

Consider ID protection. Obtain if ownership/insurance documentation is **not provided**.

Address: _____

_____

Phone: _____ Driver's License#_____

DRIVER/VEHICLE INFORMATION:

Name: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____ Lic. Plate #_____

VIN #: _____

INSURANCE INFORMATION

Company: _____ Agent: _____

Phone: _____

Policy #: _____

Exp. Date: _____

Consider ID protection. Obtain if ownership/insurance documentation is **not provided**.

Address: _____

_____

Phone: _____ Driver's License#_____

DAMAGE TO PROPERTY (NON-VEHICLE)
Include address (location) and description of damage to objects or property:

PASSENGER/WITNESS: NOTES:

Name: _____

Address: _____

_____

Phone: _____

PASSENGER/WITNESS: NOTES:

Name: _____

Address: _____

_____

Phone: _____

PASSENGER/WITNESS: NOTES:

Name: _____

Address: _____

_____

Phone: _____

POLICE INFORMATION *Was a police report filed?* YES | NO

Officer's Name: _____

Jurisdiction (City, County, etc): _____

Badge #: _____

Report #: _____

Time/Date: _____

NOTE: If no police report is filed, be sure to file an incident report for your claim.

If you have problems settling a claim, call your state insurance department. Consumer representatives can explain the process and help if you choose to file a complaint against the insurance company.

Visit **map.naic.org** for state insurance department contact information.

Use this space to add notes or drawings:

WRECK CHECK

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