

ACCIDENT CHECKLIST

When an Accident Happens:

- Stop immediately and turn off your ignition. Don't obstruct traffic. Ask a responsible person to warn oncoming traffic.
- Stay as calm as possible. Don't argue, don't admit fault, and don't accuse anyone of fault.
- Don't move your vehicle until instructed to do so by police.
- Check for injuries. Safety is more important than vehicle damage. Call an ambulance if needed.
- Call the police, even for minor accidents.
- Record the make, model, and license plate number of all vehicles. Ask for the driver's license numbers of those involved.
- Make immediate notes about the accident including the specific damages to all vehicles involved.
- At the accident site, don't make any settlement offers or volunteer to pay damages.
- Be polite and state only the facts to the police. Make sure the attending officer files a police report.
- If a camera or cell phone is available and if it is safe to do so, take photographs of the scene, vehicles and parties involved.
- Report the accident to your insurance agent or company immediately.
- Please remember that getting the facts is important, but only police officers and insurance companies should investigate the accident.

Accident Information

Date _____ Time _____

Location _____

Direction of travel _____

Other Vehicle Information

Make _____ Model _____

License Plate No. _____ Color _____

VIN _____ Yr _____

Insurance Co _____

Policy Number _____

Agent _____ Phone _____

Driver

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Driver's License _____

Social Security No _____

Date of Birth _____

Insurance Co/Agent _____

Relationship to registered owner _____

Registration

(if different from driver)

Name of registered owner _____

Address: _____

City _____ State _____ Zip _____

Driver's License No _____ Exp _____

Area of Damage

Your vehicle _____

Other vehicle _____

Other property _____

Passenger Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Nature of Injury _____

Witness Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Other No. _____

**IF YOU HAVE BEEN IN ANY TYPE OF ACCIDENT, CALL
THE LAW OFFICES OF CHARLES P. CHARLTON
(310) 651-9906 OR VISIT US AT WWW.CHARLTONLAWOFFICE.COM**

