### Fill out as completely as possible:

#### **ACCIDENT INFORMATION**

Time	Date
Location (ac	ddress and/or landmarks):
Conditions (	(weather, traffic and/or road):
Describe the	e accident (add direction of travel, speed, etc.):
	y injuries to you, to passengers or bystanders. rmation about emergency response pulance):
Describe da	mage to your vehicle (add photos if possible):



## 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**

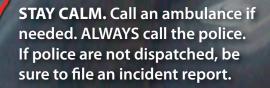
DO NOT allow your driver's license to be photographed. Provide your name and correct VEHICLE INSURANCE INFORMATION to others involved in an accident. Obtain contact and driver's license information if ownership/ insurance documentation is not provided.

www.insureuonline.org

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# CHECK

**Auto Accident Checklist** 



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 <b>not provided</b> .				
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 <b>not provided</b> .				
Address:				
Phone: Driver's License#				

DAMAGE TO PROPERTY (NON-VEHI Include address (location) and desc 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:

