

Accident Checklist

Hopefully the need for this checklist will never arise, but in the event you are ever involved in an accident, it might come in handy. Keeping a copy in your glove compartment will allow you to collect all necessary information at the time of the accident.

Accident Details

Date: _____	Location: _____
Time: _____	_____
Road Conditions: _____	_____
Weather: _____	
Description of what happened: _____	_____

Other Vehicle

<u>Owner</u>	<u>Driver</u>
Name: _____	Name: _____
Address: _____	Address: _____

Home#: _____	Home#: _____
Work#: _____	Work#: _____
<u>Vehicle</u>	<u>Insurance</u>
Make: _____	Company: _____
Model: _____	Policy #: _____
Year: _____	Expiry Date: _____
License #: _____	
Damage: _____	
<u>Passengers</u>	
Name: _____	Injuries: _____
Name: _____	Injuries: _____

Witnesses

Witness #1

Name: _____

Address: _____

Phone #: _____

Witness #2

Name: _____

Address: _____

Phone#: _____

Police

Name: _____

Badge #: _____

Accident Scene Sketch

