

After the crash: what to do in case of an accident

Let's say you have just had the misfortune of being involved in an auto accident. What should you do next? Here is a quick, step-by-step Accident Scene List to assist you in minimizing your misfortune and discomfort.

1. Stop your vehicle if it is clear, safe, and legal.
2. In some states it is illegal to move a vehicle from the place where the accident occurred. In some states it is required.
3. Turn off the ignitions of the vehicles involved.
4. Make a first aid check of all persons involved. Look around to see if anyone is in immediate danger or needs medical assistance.
5. Call the police by dialing 911 for assistance (even if minor) and if necessary, emergency medical services.
6. Mark the scene of the accident with flares or retro-reflective triangles.
7. Remove objects from the road which may cause further damage or risks.
8. Gather the names of all the persons in the vehicles and the people who witnessed the accident.
9. Make a quick diagram of where the vehicle occupants were seated and indicate the vehicles' direction of travel and lane position. Also note the date, time, and weather conditions. Look around and gather information on possible witnesses.
10. Ask to see the other person's driver's license and write down the number.
11. Exchange insurance company information DO NOT discuss "guilt" or make statements about the accident to anyone but the police.
12. Get a copy of the police report of the accident from the local precinct. Be very cooperative with the police, yet avoid suggesting the accident was solely your fault.



PRESENTS

what to do in case of an accident



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Florissant

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Located on north outer road of I-70 between
T.R. Hughes Blvd. and Hwy K.

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vehicle accident report

DRIVER INFORMATION

Driver Name	Address	City	State	Zip
Date of Birth	Drivers License Number/State	Phone		

ACCIDENT INFORMATION

Date of Loss	Time a.m. p.m.	Location of Accident (Street, City, State)
Were Police called? Yes No	Police Department Contact/Precinct Number/Phone Number	
Officer Name/ Badge Number	Report Number	
Citation/Ticked Issued/Reason	Driver Name	

YOUR VEHICLE

Year	Make	Model	VIN
Mileage	Rate of speed at impact	<input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Moving <input type="checkbox"/> Legally Parked	
License Plate Number	Area of Damage to Vehicle		

VEHICLE #2 INFORMATION (Use additional sheet if necessary)

Year	Make	Model	License Plate Number	Drivers License Number
Owner Name	Address	City	State	Zip
Driver Name if other than owner	Address	City	State	Zip
Insurance Carrier	Policy Number	Agent Name/Phone Number		
Area of Damage to Vehicle	<input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Moving <input type="checkbox"/> Legally Parked			

PROPERTY DAMAGE [Damage to property other than auto (i.e.-fence, buildings, landscaping, etc.)]

Owner of Property	Address	City	State	Zip	Phone
Describe Property	Location of Property				
Insurance Carrier	Policy Number	Agent Name/Phone Number			

PERSONS INJURED (Use additional sheet if necessary)

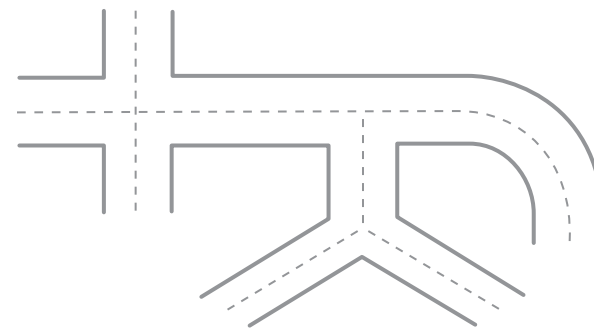
Name	<input type="checkbox"/> Driver <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> In Other Vehicle	Phone	Extent of Injury
Name	<input type="checkbox"/> Driver <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> In Other Vehicle	Phone	Extent of Injury
Name	<input type="checkbox"/> Driver <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> In Other Vehicle	Phone	Extent of Injury

WITNESS INFORMATION

Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone

DESCRIBE ACCIDENT

Weather Conditions (Rainy, Clear, Foggy, Snow, etc.)	Road Conditions (Paved, Dry, Wet, Icy, etc.)	Air Bag Deployed? Yes No
Posted Speed Limit	Seat Belts Worn? Yes No	Traffic Controls (Signs, Signals, Lights)



Accident Diagram 1 (Intersection)



Accident Diagram 2 (Parking Lot)