

AUTO ACCIDENT CHECKLIST?

The following checklist can assist you during what can be a very traumatic and confusing incident. Keep a copy in your automobile to help you organize and gather pertinent information you will need later.

Date of Accident: _____

Driver of other vehicle: _____

Driver's License No.: _____

Address: _____

Phone Number: _____

Insurance Company: _____

Owner of other vehicle: _____

Address: _____

Phone Number: _____

Insurance Company: _____

Witnesses:

Name: _____

Address: _____

Phone Number: _____

License Plate Number: _____

Name: _____

Address: _____

Phone Number: _____

License Plate Number: _____