

Auto Accident Toolkit

Auto accidents happen – even to the most careful drivers.

We ask you to please take a moment to review this guide and keep it in your glove compartment in the event of an accident.

Accident Checklist

- ✍ Get help for the injured.
- ✍ Call the Police. Remain at the scene of the accident.
- ✍ Warn oncoming traffic. Set hard lights and flares.
- ✍ Try to remain calm.
- ✍ Do not admit fault.
- ✍ Exchange names, addresses, phone numbers, vehicle makes, license numbers and insurance company/policy information with all drivers. Use the attached “Information Exchange” as a guide.
- ✍ Get names, addresses and phone numbers of all passengers and witnesses. Use the attached “Witness Information” as a guide.
- ✍ Sketch the accident. Complete the attached.
- ✍ Examine and record any damage to other vehicles and property. If you are carrying a camera, take pictures of the scene and damage.
- ✍ Do NOT discuss the accident. Only answer questions asked by police and YOUR insurance company.
- ✍ The same goes for signing documents.
- ✍ Call your insurance carrier at the number on your insurance card/policy as soon as possible. The claims representative will ask you some questions about the accident so have the information in this toolkit handy. If you don't have their number and/or have questions about your coverage, please feel free to contact us at:

Walton & Associates Insurance Services

(408) 265-2800

Toll Free (877) 265-2801

service@waltoninsurance.com

http://www.waltoninsurance.com/info_center/info_claims.html

Auto Accident Guide

Accident Facts

Name _____

Date _____

Time _____

City _____

Where did the accident occur?

Condition of the road?

Weather _____

What direction were you going?

Speed?

What direction was the other vehicle going?

Speed?

Did police take a report?

Police Department _____

Case # _____

How did the accident happen?

Witness

Name #1 _____

Phone _____

Address _____

Name #2 _____

Phone _____

Address _____

Other Vehicle

Owner's Name _____

Insured by _____

Policy # _____

Vehicle license plate # _____

Day Phone _____

Evening Phone _____

Best time to call _____

Address _____

Vehicle
make _____

Owner's Drivers license # _____

Birthdate _____

Driver's name (if other than owner) _____

Day phone _____

Evening Phone _____

Best time to call _____

Driver's license # _____

Damaged part of vehicle _____

Injured Person of Other Vehicle

Name _____

Phone _____

Address _____

Age _____

Extent of Injury _____

Damage to Your Vehicle

Damaged part of vehicle _____

Damage to Other's Property/Vehicle

Owner _____

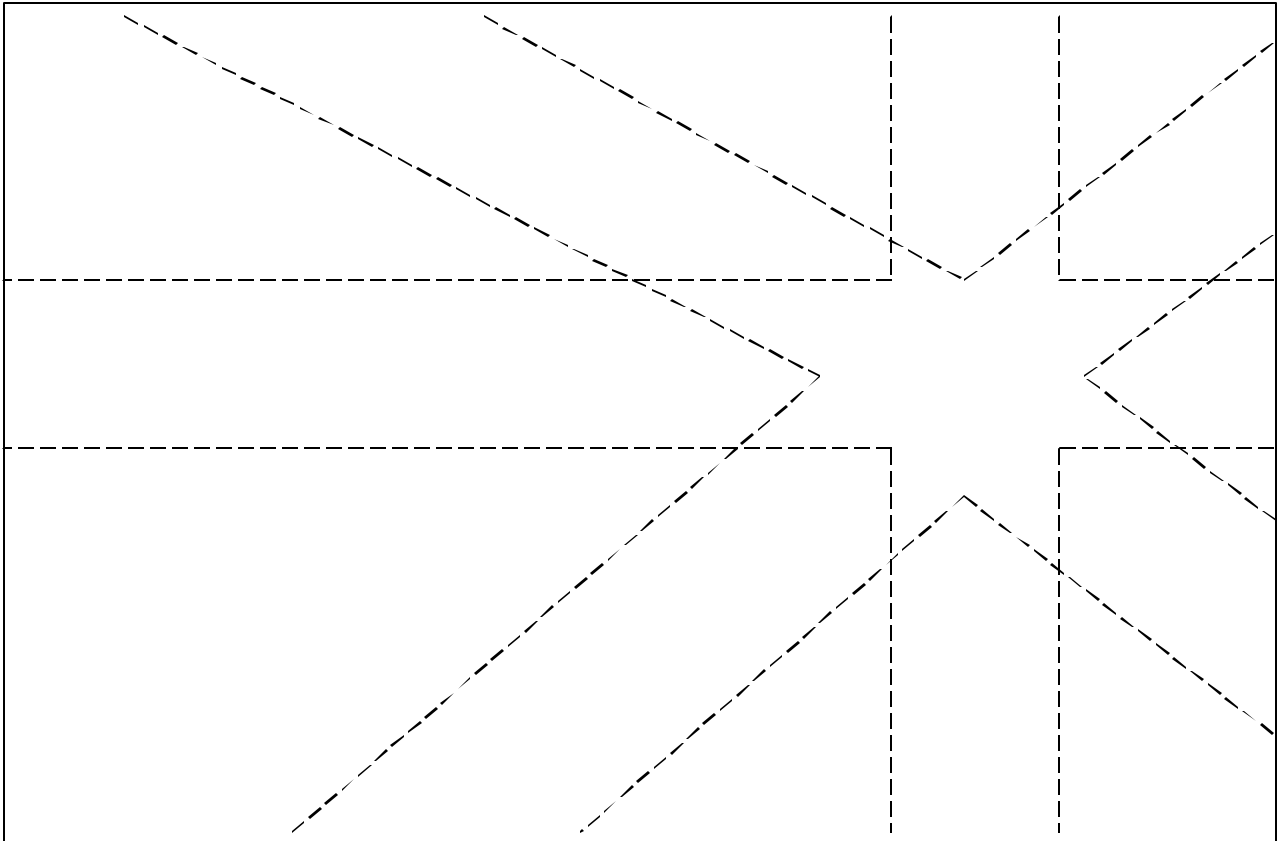
Phone _____

Address _____

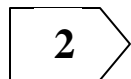
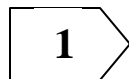
Description of damage _____

Auto Accident Guide

Please sketch the accident



Indicate the directions on above diagram using arrows. Show vehicles.



Witness Information

You can give these cards to witnesses to fill out and return to you.

Remember....a witness is someone who saw the accident but was NOT involved in it.

Witness Information Card

Your cooperation in giving this information will help in fairness with everyone involved. Thank you!

Accident Location _____

Date _____ Time _____

Did you see the accident happen? ____ yes ____ no

Did you see anyone hurt? ____ yes ____ no

Were you riding in one of the vehicle? ____ yes ____ no

Were you a pedestrian involved in the accident? ____ yes ____ no

Your Name _____

Street Address _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Email _____

Witness Information Card

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Date _____ Time _____

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