



**CASTLE**  
LAW OFFICE

# CAR ACCIDENT CHECKLIST

Keep this checklist in your glove box in case you're ever in a car accident.

**IMPORTANT:** If you're too injured to gather information, take care of your medical needs first. Always consult with an attorney before you discuss the facts of the accident with the other driver or his/her insurance company.

- Gather phone and/or digital camera, pen and paper.
- Record the other car's license plate number as soon as possible, in case they leave the scene.
- Set hazard lights.
- Be polite, but do not admit fault or say "I'm sorry."
- Call the police, even for minor accidents.
- Make sure the other driver is the insured driver of that car. If not, record the driver's relationship to the insured person. Gather the name and address of both the driver and the insured person. Record a description of each car, including the year, make, model and color.
- If there were witnesses, try to get their contact information.
- Write down the exact location of the collision and how it happened.
- Use your phone or camera to take pictures of the damage.
- If police don't come to the scene to file a report but there was damage, file a vehicle accident report with local law enforcement.
- Contact your insurance company to report the accident.
- If you or a passenger were injured and the accident wasn't your fault, contact a personal injury attorney who can help you get compensation.

## INFORMATION EXCHANGE

Date of Accident \_\_\_\_\_ Street/Location \_\_\_\_\_

Time of Accident \_\_\_\_\_ City/State \_\_\_\_\_

## OTHER VEHICLES AND DRIVERS

Name of Driver \_\_\_\_\_

Address, City, St. \_\_\_\_\_

Driver's License Number/St. \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Vehicle License Plate/St. \_\_\_\_\_

Make/Model/Year of Vehicle \_\_\_\_\_

VIN Number of Car \_\_\_\_\_

Passenger Names \_\_\_\_\_

Witnesses \_\_\_\_\_

Name of Driver \_\_\_\_\_

Address, City, St. \_\_\_\_\_

Driver's License Number/St. \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Vehicle License Plate/St. \_\_\_\_\_

Make/Model/Year of Vehicle \_\_\_\_\_

VIN Number of Car \_\_\_\_\_

Passenger Names \_\_\_\_\_

Witnesses \_\_\_\_\_