

## Vehicle Accident Checklist



*For assistance call*

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You are in rush hour traffic. You stop. You look in your rearview mirror, and realize that the car behind you cannot possibly stop in time. In a split second, it crashes into your rear bumper... your trunk....your back seat.



Car accidents are never planned. But if you plan ahead and prepare for the unexpected, you can minimize the inevitable confusion and stress of an automobile accident. Now is the time to accumulate emergency equipment and materials and put them in your glove box and/or trunk area. Then, if an accident should happen, you will have what you need to handle the situation methodically and to help facilitate proper processing of your claim.

Here are some obvious items you probably already carry with you or keep in your car:

- Driver's license
- Insurance verification card
- Most current car registration
- Note paper
- Pen or pencil

Some other useful items may not be so obvious:

- Reflectors
- First aid kit
- Screwdriver
- Small hammer
- Pliers
- Jumper cables
- DC tire compressor or tire pump
- Cell phone
- Telephone numbers (car service assistance, police, highway patrol, etc.)



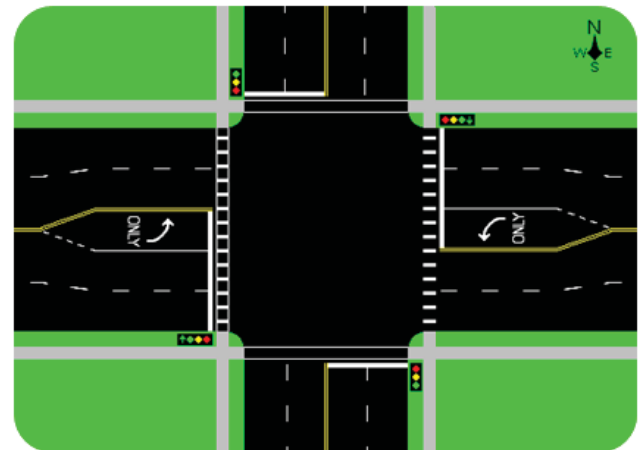
If you have an accident, what should you do? Undoubtedly, you will experience a multitude of emotions. Remember, rarely is an accident anything except a mistake by another driver that led to an unfortunate result.

- Keep your cool.
- Think through your actions deliberately and carefully.
- Never leave the scene of an accident without contacting authorities.
- Never leave the scene of an accident involving injuries – that is a crime.

The first thing you should do after an accident is determine whether you are injured. Do not move without first checking each part of your body to identify any injuries. Be aware of dizziness, altered or unclear vision, and significant head pain. If you have any of these symptoms, call for help and do not move unnecessarily.

Second, check for damage to your auto that could pose immediate danger, such as the smell of gasoline or oil. If the smell of gas is strong, move or get help to move as far away from the vehicle as possible.

Before departing your vehicle, check traffic around you. If you are on a busy roadway and your vehicle is still drivable, pull your car carefully to the shoulder or side of the road, if possible, out of the lanes of traffic. If it is not safe to move your vehicle, your vehicle will not operate, or you are afraid you will make the situation worse by moving your car, you should get yourself out of the lanes of travel and well off the roadway.



Then, check with other drivers to determine if there is anyone who needs help. Help those you are able to assist, but do not move people who might be injured. It is likely neither you nor they are trained to determine the extent of injuries.

As soon as possible, dial 911 and report the accident. If you are able, remove the auto accident checklist and your cell phone from your car. If possible, you or an uninjured passenger should take photos of the accident scene - without endangering yourself or getting into lanes of travel. Most cell phones are capable of taking good quality photos.

While the accident is still fresh in your mind, begin to complete the accident scene diagram that is included in your accident checklist. This does not require artistic ability or perfection. As precisely as you can, do your best to locate all of the vehicles where they existed at the time of the accident.

Complete the driver information for each vehicle involved in the accident, and try to obtain the names and addresses of witnesses to the accident. Many cell phones can record audio; if yours has this capability, record the information given to you. As a last resort, call your home answering machine and record this information on that device.



Do not indicate fault or liability for the accident, and do not argue with others about who was at fault. The scene of an accident is the place to gather factual information, not the place for conjecture or debate about causation and fault.

When the police and emergency personnel arrive, follow their instructions carefully and fully. Answer questions honestly and completely. If medical or police personnel recommend that you seek medical treatment at a hospital, go – this is not the time for a show of bravery or being tough. If you do not need medical treatment at the scene, call your physician after you return home and make an appointment to be examined. Sometimes, severe and significant injuries do not manifest obvious symptoms.

Call your insurance company and report the accident. Provide your insurance company with all the information you were able to collect at the scene. Do not admit fault, even to your own insurance company; fault in an accident is not always as obvious as it may seem initially. Tell your insurance company that you are happy to cooperate and provide all the information needed from you, but decline to give them a recorded statement.

If you are contacted by an insurance adjuster, ask for whom he or she works and who the company represents. Write down the adjuster's name, telephone number, and the name of the party he or she claims to represent. Tell the person you will call right back. Then hang up and call back to verify to whom you are speaking and where that person works. If the person represents another driver's insurance company, decline to provide a statement of any kind. Simply advise that the police investigated the accident and you cannot provide information beyond that.

## MOTOR VEHICLE ACCIDENT CHECKLIST

Being in a motor vehicle accident can leave you feeling confused, shaken, angry, and scared. It may be difficult to gather your thoughts and handle the situation responsibly. Using the following checklist at the accident scene could help make sure your claim is processed properly. Keep this list in the glove compartment of your vehicle(s).

- Stop your motor vehicle immediately, once it is safe to do so.
- Turn off the ignition.
- Check for bodily injuries and administer first aid if necessary.
- Do not try to move any injured person(s).
- Take reasonable steps to protect your damaged property from further loss.
- Obtain the name, mailing address, telephone number and driver's license number of the driver of the other vehicle(s). If the other driver(s) is/are not the owner(s), obtain the owner's name and mailing address, tag or registration number, and insurance information.
- Note the date, time, location, road conditions, make and year of the vehicle(s) involved, and any apparent damage and injuries. Write down what happened, and draw a diagram of the accident.
- If possible, take photos of the scene.
- Secure the name, mailing address and telephone number of eye witnesses. Write down the names and badge numbers of investigating authorities and/or police and other emergency personnel at the accident scene.
- Ask the investigating officer how to obtain a copy of the accident report to provide to your insurance company.
- If you believe the other party is responsible for causing the accident, notify that person's insurance company or agent/agency to file a claim.
- Notify your own insurance agent/agency or company as soon as is practical.

Complete applicable parts of this checklist. Retain a copy for your records. Complete police and insurance paperwork as soon as possible.

**Vehicle License #** \_\_\_\_\_

Nature of trip \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Indicate light conditions (dusk, dawn, head lamps required, etc.); weather (rain, snow, fog, etc.); road surface: road character (level, grade, uphill, etc.); defects (potholes, ruts, loose material on surface, etc.); traffic control or signals; distractions (cell phone usage, wildlife, obscured vision, etc.).

Witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

# ACCIDENT INFORMATION

Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

Location \_\_\_\_\_

City \_\_\_\_\_

Streets / Intersections \_\_\_\_\_

\_\_\_\_\_

Speed: Your: \_\_\_\_\_ mph Other: \_\_\_\_\_ mph

## Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Vehicle Damage

Yours \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Citation(s) given to:

\_\_\_\_\_ Other \_\_\_\_\_ You



**OTHER VEHICLE INFORMATION**

Driver \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_ Sex Male / Female

Driver License # \_\_\_\_\_

State Issuing License \_\_\_\_\_

License Plate # \_\_\_\_\_ Year \_\_\_\_\_

State Registered \_\_\_\_\_

**OTHER VEHICLE INFORMATION**

Driver \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_ Sex Male / Female

Driver License # \_\_\_\_\_

State Issuing License \_\_\_\_\_

License Plate # \_\_\_\_\_ Year \_\_\_\_\_

State Registered \_\_\_\_\_



## ADDITIONAL INFORMATION

Your Car

Other Car

*Check appropriate boxes*

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Driving under influence of intoxicants   |
| <input type="checkbox"/> | <input type="checkbox"/> | Exceeded lawful speed                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did not grant right of way to vehicle    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did not grant right of way to pedestrian |
| <input type="checkbox"/> | <input type="checkbox"/> | Followed too closely                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Improper passing                         |
| <input type="checkbox"/> | <input type="checkbox"/> | On wrong side of road                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Failed to give proper signal             |
| <input type="checkbox"/> | <input type="checkbox"/> | Improper turn                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Disregarded stop and go light            |
| <input type="checkbox"/> | <input type="checkbox"/> | Disregarded stop sign                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Disregarded other traffic control        |
| <input type="checkbox"/> | <input type="checkbox"/> | No improper driving or parking           |
| <input type="checkbox"/> | <input type="checkbox"/> | Improper starting from parked position   |
| <input type="checkbox"/> | <input type="checkbox"/> | Improper parking location                |
| <input type="checkbox"/> | <input type="checkbox"/> | Other improper actions: _____            |

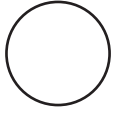
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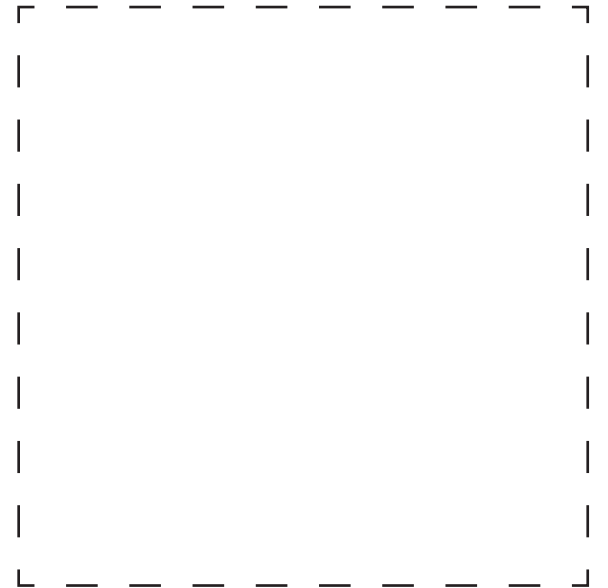
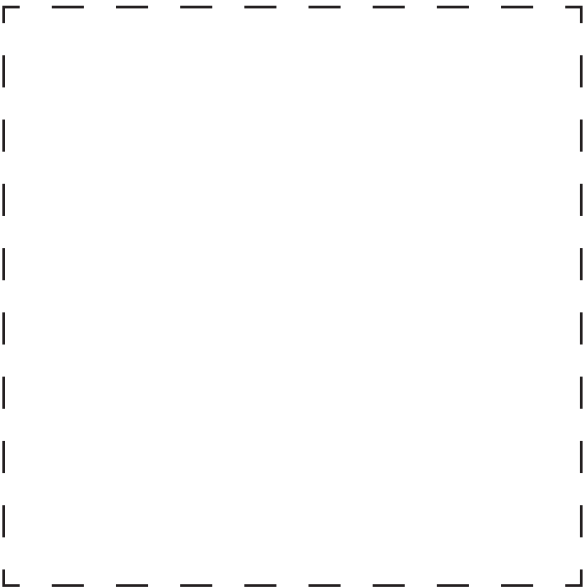
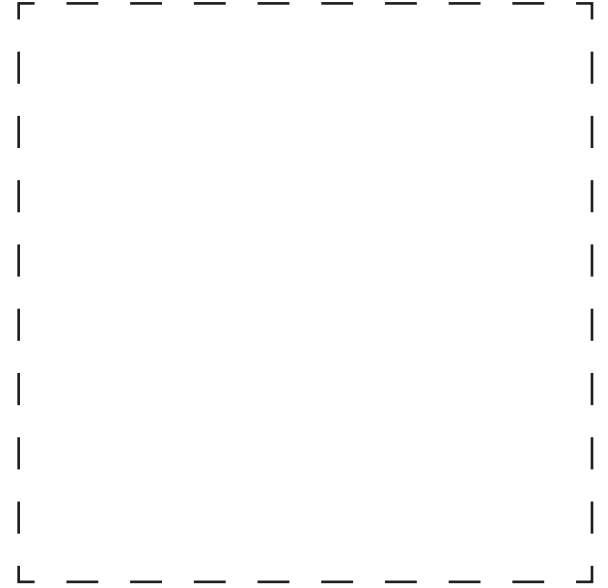
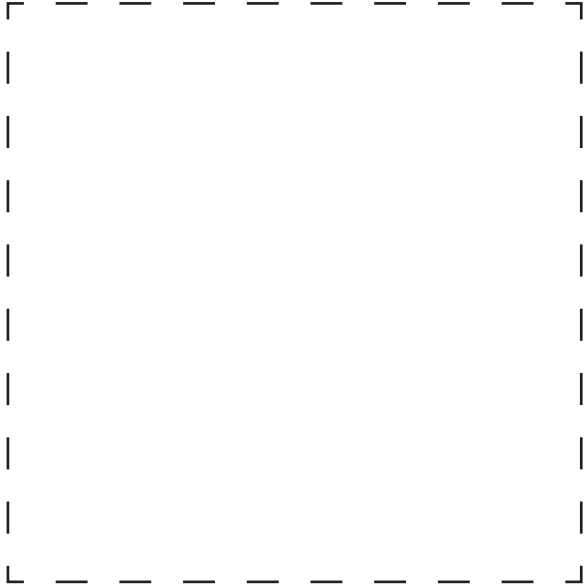
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Indicate North  
with an arrow.



Indicate on diagram what happened. Use these outlines to sketch the scene of your accident, writing in street or highway names or numbers.



Outline roadway with solid lines and identify all streets. Indicate location of traffic control signals and signs.