

Auto Accident Checklist

While we hope you don't need to use this form, we encourage you to keep a copy in your glove compartment along with your vehicle registration and insurance information

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Date of Accident: _____ **Time:** _____

Location of Accident: _____

Vehicle #1 Information (Party you feel is at fault)

License Plate	Year/Make	Model	Driver License No.
Driver Name	Driver Address	Insurance Co.	Policy No.
Driver Phone		VIN No.	

Vehicle #2 Information

License Plate	Year/Make	Model	Driver License No.
Driver Name	Driver Address	Insurance Co.	Policy No.
Driver Phone		VIN No.	

Witnesses:

Name	Phone No.	Address	E-mail
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Name	Phone No.	Address	E-mail
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Checklist:

- Seek medical help for anyone injured
- Get other car's license number in case of hit and run
- Exchange information with all drivers (do not discuss accident)
- Get passenger and witness information
- Take photos of the scene with cell phone/camera
- Look around for important details, e.g., skid marks, and make sketch of accident
- Discuss accident ONLY with police
- Contact an experienced auto accident lawyer for a free consultation

Sketch:

