

# Auto Accident Checklist



## DO:

- Do call 911 if anyone is injured
- Do contact Business Owner to make them aware of the accident and that you are filling out the accident checklist
- Do safely move vehicles out of the way of traffic
- Do take yourself out of harms way of road traffic
- Do turn on hazard lights and set up cones, warning triangles or flares
- Do provide the information on your proof of insurance card to the other driver(s)
- Do take photographs of the scene
  - If you are unable to take photographs, draw a diagram of the accident
- Do collect name(s) and phone numbers (and ask for email address) of any independent witnesses
- Do report the accident regardless of fault



## DO NOT:

- Do not move an unconscious person unless their life is in jeopardy
- Do not move vehicle if it is unable to be driven
- Do not admit fault
- Do not discuss the accident with anyone except the police, your insurance adjuster and your DSP owner
- Do not sign any documents without the approval of your insurance adjuster

*This information is being provided as general guidance only and is not meant to be exclusive or to constitute insurance advice or legal advice. Check the specific policy language for coverage terms and exclusions. Compliance with the checklist does not guarantee coverage in the event of a claim.*



When taking photographs of the scene, here are examples of what to photograph to get the best visual representation.

- Each vehicle, including license plates and/or vehicle VIN and all vehicle damage
- Each driver
- Each passenger (identify which vehicle they were in)
- All involved drivers auto ID cards
- Driver's license of all involved drivers (if they agree)
- Overview of entire accident scene
- Position of vehicles (if not moved)
- Skid marks
- Location markers (landmarks, addresses, street signs)
- Accident debris
- Other property damage
- Show the positions of all the vehicles
- Indicate north/south and east/west streets
- Traffic controls
- Pedestrians and witnesses
- Route and driver identifiers

|                                 |                          |  |  |  |
|---------------------------------|--------------------------|--|--|--|
| <b>Description of Collision</b> | Other Driver's Statement |  |  |  |
|                                 |                          |  |  |  |
|                                 |                          |  |  |  |

|                                 |                            |  |  |  |
|---------------------------------|----------------------------|--|--|--|
| <b>Description of Collision</b> | Company Driver's Statement |  |  |  |
|                                 |                            |  |  |  |
|                                 |                            |  |  |  |

|                       |         |       |                |      |
|-----------------------|---------|-------|----------------|------|
| <b>Company Driver</b> | Name    |       | License#/State |      |
|                       | Address |       |                |      |
|                       | City    | State | Zip            | Cell |

|                        |                |          |               |       |
|------------------------|----------------|----------|---------------|-------|
| <b>Company Vehicle</b> | Make           |          | Model         | Year  |
|                        | VIN #          |          | License Tag # | State |
|                        | Damage Est. \$ | Describe |               |       |

Taken to:

|             |                                   |   |  |                                |
|-------------|-----------------------------------|---|--|--------------------------------|
| <b>Road</b> | <input type="checkbox"/> 2 Lane   | <input type="checkbox"/> 3 Lane         | <input type="checkbox"/> 4 Lane          | <input type="checkbox"/> Other |
|             | <input type="checkbox"/> Straight | <input type="checkbox"/> Level          | <input type="checkbox"/> With Grade ___% | <input type="checkbox"/> miles |
|             | <input type="checkbox"/> Curve    | <input type="checkbox"/> @Crest of Hill | <input type="checkbox"/> Intersection    |                                |

|                       |                               |                                 |                                   |                                  |
|-----------------------|-------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <b>Road Condition</b> | <input type="checkbox"/> Dry  | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snowy    | <input type="checkbox"/> Icy     |
|                       | <input type="checkbox"/> Dirt | <input type="checkbox"/> Gravel | <input type="checkbox"/> Concrete | <input type="checkbox"/> Asphalt |

**Diagram Collision Scene**  
 Sketch road at the collision site. Show positions of all vehicles, pedestrians etc. as follows:  
 You're vehicle: 1

◀ 1                      Or    ◀ 2      Pedestrians: X

◀ indicates Front of Vehicle

( N )

**Information from other involved vehicles**

|           |                 |                  |
|-----------|-----------------|------------------|
| <b>#2</b> | Make/Model/YR   | Tag #/State      |
|           | VIN #           | Owner:           |
|           | Insurance Name  | Policy #         |
|           | Driver Name     | License #/State  |
|           | Address         | Phone #          |
|           | Describe Damage | Repair Costs? \$ |

|           |                 |                   |
|-----------|-----------------|-------------------|
| <b>#3</b> | Make/Model/YR   | Tag# / State      |
|           | VIN #           | Owner:            |
|           | Insurance Name  | Policy #          |
|           | Driver Name     | License # / State |
|           | Address         | Phone #           |
|           | Describe Damage | Repair Costs? \$  |

**Information from other involved**

|             |         |           |
|-------------|---------|-----------|
| <b>Car#</b> | Name    | Injuries? |
|             | Address | Phone #   |
| <b>Car#</b> | Name    | Injuries? |
|             | Address | Phone #   |
| <b>Car#</b> | Name    | Injuries? |
|             | Address | Phone #   |

**Information from involved witnesses**

|         |         |
|---------|---------|
| Name    | Phone # |
| Address |         |
| Name    | Phone # |
| Address |         |