



Auto Accident Checklist

Date: _____ Time: _____

Location (street/city): _____

Weather conditions: _____

Other vehicle

License plate: _____

Vehicle ID: _____

Make/model/color/year: _____

Driver's name/address/phone: _____

Driver's license number/state/expiration: _____

Insurance company: _____

Policy number: _____

Registered owner of vehicle: _____

Other passengers

(Name/address/phone/location in car): _____

Police

Responding department: _____

Witnesses _____

Name/address/phone/location during accident: _____

Description of accident

How accident happened: _____

Type and location of damage to your car: _____

Type and location of damage to other vehicle or property: _____

Diagram of accident scene _____