

ACCIDENT CHECKLIST

- Get help for the injured.
- Call the police. Remain at the scene of the accident.
- Warn oncoming traffic. Set hazard lights and flares.
- Try to remain calm.
- Do not admit fault.
- Exchange names, addresses, phone numbers, makes of vehicles, driver's and vehicle license numbers, and insurance company/policy number information with all drivers.
- Get names, addresses, and phone numbers of all passengers and witnesses.
- Sketch the accident (see diagram).
- Examine and record damage to other vehicles and property.
- If you are carrying a camera, take pictures of the scene and damage.
- Only answer questions asked by police and your insurance company.
- Call your insurance company promptly.

EMERGENCY CHECKLIST

Put together an emergency kit to keep in your car. Be sure to include:

- Blanket
- Nonperishable food
- Notepad
- Pen or pencil
- Flares
- Jumper cables
- Garbage bag
- Water
- Flashlight
- First-aid supplies
- Paper towels
- Disposable camera



Accident Guide

Accidents happen – even to the most careful drivers. Knowing what to do after an accident will help you to remain calm and in control. It can also help you get back on the road faster. Take a moment to review this guide and keep it in your glove compartment in the event of an accident.

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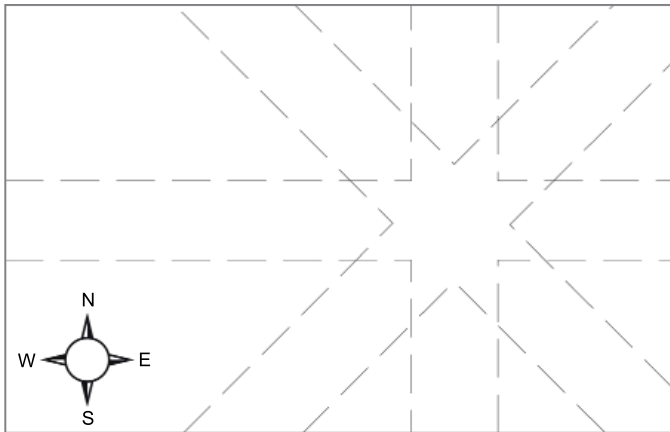
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PLEASE SKETCH THE ACCIDENT.

Identify the vehicles and use an arrow to depict the direction the vehicles were traveling by using the examples below.

- 1. Your vehicle and travel direction
- 2. Other vehicle and travel direction
- 3. Other vehicle and travel direction



HOW DID IT HAPPEN:

ACCIDENT FACTS

Name _____

Date _____

Time _____

City _____

Where did the accident occur? _____

Condition of the road _____

Weather _____

How fast were you traveling? _____

How fast was the other vehicle traveling? _____

Did police take a report? _____

Responding police department _____

Case number _____

OTHER VEHICLE

Owner's name _____

Insured by _____

Policy number _____

Vehicle license plate number _____

Day phone _____

Evening phone _____

Best time to call _____

Address _____

Vehicle make & model _____

Owner's driver's license number _____

Birthdate _____

Driver's name (if other than owner) _____

Day phone _____

Evening phone _____

Best time to call _____

Driver's license number _____

Damaged part of vehicle _____

INJURED PERSON OF OTHER VEHICLE

Name _____

Phone _____

Address _____

Age _____

Extent of injury _____

DAMAGE TO YOUR VEHICLE

Damaged part of vehicle _____

Damage to Other's Property _____

Owner _____

Phone _____

Address _____

Description of damage _____

WITNESS(ES)

Name #1 _____

Phone _____

Address _____

Name #2 _____

Phone _____

Address _____
