



**AUTO ACCIDENT CHECKLIST**

Keep a pen and a copy of this Checklist in your glove box. If you're involved in an auto accident:

1. Stay as calm as possible.
2. Check for injuries. Safety is more important than vehicle damage. Call 911 for an ambulance if needed.
3. Turn on your hazard lights. Use cones, warning triangles, or flares for safety. If you are blocking traffic *and it is safe to do so*, pull off to the side of the road or into a well lit parking lot.
4. Turn off your auto's engine. If it is safe to do so, step out of your car.
5. Call the police, even for minor accidents.
6. Make immediate notes about the accident, including specific damages to all vehicles involved. Take pictures of the damage to your vehicle, the other vehicle(s) and the area of the accident. If your cell phone does not have a camera, keep a disposable camera in your glove box for this purpose.
7. Be courteous and state only the facts. Make sure your thoughts are clear before making any statements to the police.
8. Don't make statements about responsibility to the police, the other driver, witnesses, or anyone else at the scene and don't accept fault, even if you believe the accident may have been caused by you.
9. If you believe the other driver has been drinking or is otherwise impaired, do not confront him or her. Let the police handle it.
10. Call National Auto Collision Centers at 520-623-4959 24 hours a day, 7 days a week. We will arrange for free towing to our shop, assist you with your insurance claim and rental car, and provide quality repairs to your vehicle with a lifetime guarantee.

Fill out this report as completely as possible:

1. Police called? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Other vehicle information:

Driver:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_  
 Relationship to registered owner: \_\_\_\_\_

Registration:

Name of registered owner: \_\_\_\_\_  
 Address: \_\_\_\_\_

Vehicle:

VIN: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_ Color: \_\_\_\_\_  
 License Plate: \_\_\_\_\_  
 Insurance Co: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Passengers/Witnesses:

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Accident Information:

Police Report taken? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Report Number: \_\_\_\_\_  
 Officer Name: \_\_\_\_\_  
 Badge Number: \_\_\_\_\_  
 Time: \_\_\_\_\_ AM / PM Date: \_\_\_\_\_

Location of collision: \_\_\_\_\_  
 Direction of travel: \_\_\_\_\_  
 Your vehicle: \_\_\_\_\_  
 Other vehicle: \_\_\_\_\_

Injuries:

Your own: \_\_\_\_\_  
 Your passengers: \_\_\_\_\_  
 Other driver: \_\_\_\_\_  
 Their passenger: \_\_\_\_\_  
 Pedestrians: \_\_\_\_\_

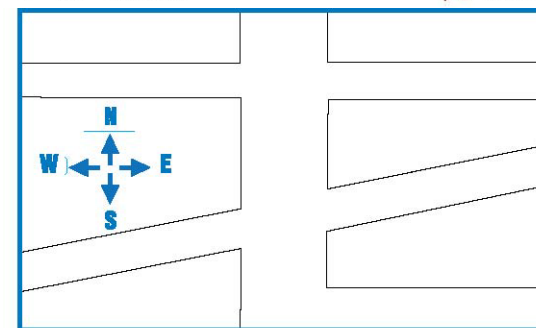
Area of Damage:

Your vehicle: \_\_\_\_\_  
 Other vehicle: \_\_\_\_\_  
 Other property: \_\_\_\_\_

Diagram of Accident Scene:

Using these symbols, sketch a diagram showing positions of all vehicles, your position, stop lights, stop signs, and pedestrians:

- 1 First Car       Your position       Stop sign
- 2 Second Car       Pedestrian       Stop light
- 3 Third Car       Witness



North/South Street: \_\_\_\_\_

East/West Street: \_\_\_\_\_

Record description of accident on back.