

Police



Police Department _____

Responding Officer _____

Time Arrived _____ Cars Moved? Y N

Statements by Officer _____

Hospital

Ambulance _____

Hospital _____

Witness #1

Name _____

Address _____

Phone _____

Summary of Witness' Statement _____

Witness #2

Name _____

Address _____

Phone _____

Summary of Witness' Statement _____

Law Offices of



DISCHELL BARTLE DOOLEY
results matter.

A Professional Corporation
1800 PENNBROOK PKWY, SUITE 200 | LANSDALE, PA 19446
P: 215.362.2474 F: 215.362.6722

WWW.DISCHELLBARTLE.COM

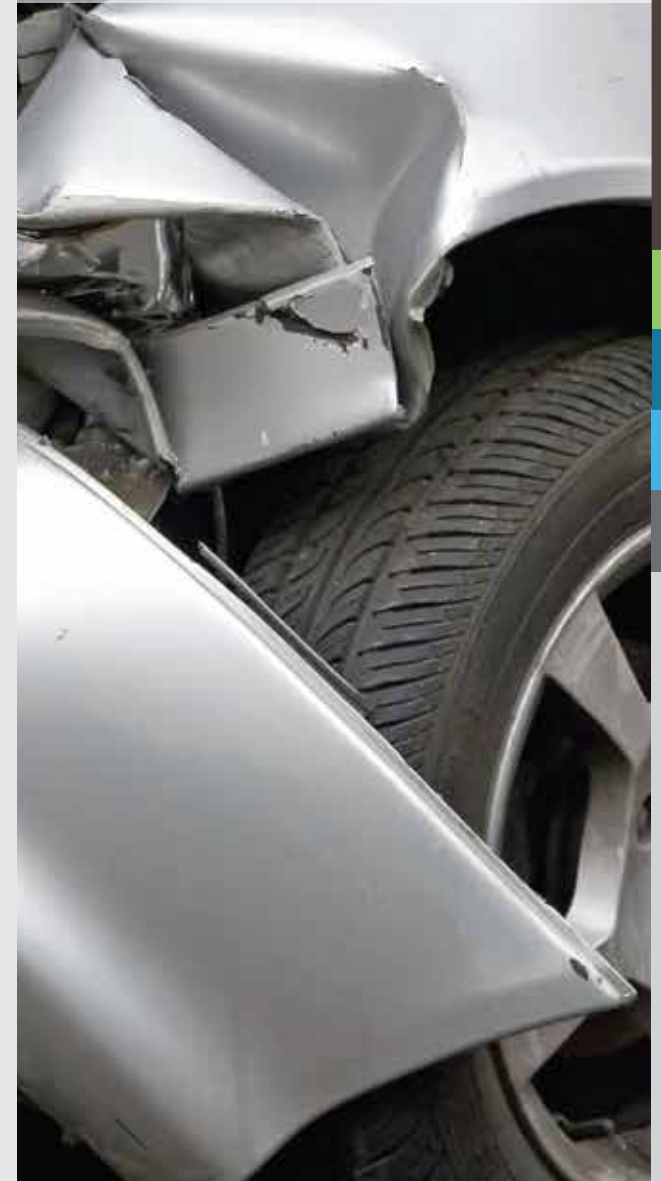
Pottstown | Lansdale | Boyertown

Law Offices of



DISCHELL BARTLE DOOLEY
results matter.

Car Accident Check List



results matter.



YOUR CAR ACCIDENT CHECK LIST



You Have Just Been In A Car Accident - What Should You Do?

- Remain calm and thoughtful
- Wait for the police and medical help
- Tell the police about the accident for the report
- Record driver and witness names, addresses, and phone numbers
- Notify your own insurance company immediately
- If injured, consult an Attorney before agreeing to any settlement from an insurance company

What Information Should I Get At The Scene?

This brochure is meant to be a practical guide to the minimum information you should try to obtain. Keep this brochure in your glove compartment in the event you are in a car accident. At the scene, first determine if you are physically able to get out of the car to gather information. If you are unable to think clearly or are in a great deal of pain, you need to summon medical help. If you are experiencing the above symptoms, do not try to drive away from the scene until you have been medically assessed. If you physically cannot get the information suggested on this form, have a passenger do it or call a relative or friend to come to the scene.

OTHER VEHICLE

Owner's Name _____

Address _____

Phone _____

Driver's Name _____

Address _____

Phone _____

Driver's License No. _____

Vehicle Year _____ Make _____

Model _____ Color _____

Registration State _____ Plate # _____

Driver's Insurance Information

Carrier _____

Policy # _____ Valid Y N

Passengers _____

Address _____

If more than one other car is involved in the accident get the same information from each driver.



DISCHELL BARTLE DOOLEY
results matter.

215.362.2474

FACTS/LOCATION/SCENE

Date _____ Day _____ Time _____ AM PM

Lighting _____

Traffic _____

Road you are on _____

Intersecting Road _____

Closest Intersection _____

Distance to Intersection _____

Landmarks _____

Direction you were traveling: N E S W

Direction of other vehicle(s): N E S W

Roadway Grade: Incline Level Decline

Physical/Visual Obstructions? _____

Road Surface Material _____

Surface Conditions _____

Foreign matter on road _____

Traffic Devices

Controlling your vehicle _____

Controlling other vehicle(s) _____

Speed Limits

Controlling your vehicle _____

Controlling other vehicle(s) _____