

IF AN ACCIDENT HAPPENS . . .

Stop and take a moment to calm down. Even if there was only minor damage and no injuries Do not leave the scene of the accident. Sit for a minute and take a couple of deep breaths.

Dial 911.

If vehicles are blocking the roadway or if there are injuries requiring immediate medical attention dial 911.

Contact the Highway Patrol or Local Law Enforcement.

Do not discuss the accident with anyone but law enforcement and NEVER ADMIT FAULT. Remember, anything you say can be taken out of context and used against you.

Fill out your Glove Compartment Accident Guide.

Provide the other driver your driver's license, car registration and insurance information.

Do not sign anything. Except a traffic ticket provided by law enforcement.

Take pictures.

Seek medical attention for your injuries.

Contact your insurance carrier to report a claim.

Verify what your insurance covers. Confirm that your insurance will cover the costs for towing or a replacement rental car.

Contact an attorney. For attorney referrals in your area, please contact the Christian Law Association.

Being in an auto accident can be a traumatic and life-changing event—not to mention confusing. By keeping this Accident Guide in your vehicle's glove compartment, and following the steps laid out below, you will be able to collect the valuable information needed to resolve your claim and protect your rights.

5 THINGS TO CARRY IN YOUR GLOVE COMPARTMENT

1. A copy of this Accident Guide.
2. Extra pencils and a small pad of paper to write down additional accident information.
3. Disposable camera to take pictures of the accident scene, damage to vehicles and injuries if necessary.
4. Vehicle registration and insurance information.
5. A list of medical conditions, allergies and emergency contacts in the event you are unable to communicate with emergency personnel.

GLOVE COMPARTMENT ACCIDENT GUIDE



ACCIDENT INFORMATION

Please document the following facts for both you and the other driver involved in the accident:

Date: _____

Time of Day: _____ AM PM

Weather Conditions: _____

Traffic Conditions: _____

Location: _____

Passengers: _____

Direction of Travel: _____

Were you or the other vehicle turning?

Speed of Vehicles: _____

Traffic Signs? _____

Posted Speed Limit: _____

Headlights On? _____

Turn Signals On? _____

Length and Direction of Skid Marks:

Was the other driver driving in an erratic manner? _____

Were there any witnesses? Yes No
If so, list their name, phone number, address and a brief description of what they saw: _____

The Other Driver

Name: _____

Address: _____

Driver's Lic. No.: _____

State: _____

Insurance Co.: _____

Policy No.: _____

License Plate: _____

State: _____

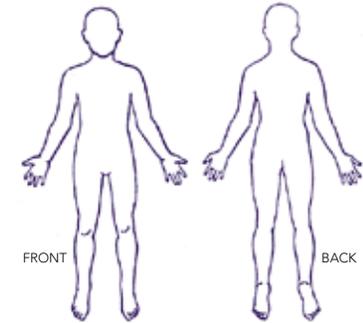
Year/Make/Model: _____

Vehicle Owner: _____

Address: _____

Your Injuries

Circle the areas of your body where you are experiencing pain due to the accident, including redness, swelling, cuts or bruising, broken bones, etc.:



Did the other driver complain of pain or other injuries?: _____

The Accident Scene

Please use the diagram below to illustrate the accident scene. If the following diagram will not work, please draw your own on a separate piece of paper.

