



## WHAT TO DO IN CASE OF AN ACCIDENT

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Odds are nearly one in 10 that you or someone you know will be involved in an accident this year. While some accidents involve other cars and extensive damage, most are minor fender-benders. Print this page and keep it in your glove compartment in case you get in an accident. This page includes the 11 steps to take if you are involved in an accident. Please drive safely.

### **What To Do:**

1. Turn off your vehicle's engine and leave it where it is if you feel it is safe to do so. If you feel threatened, or your car is in danger of being hit by another car, slowly drive to a place where you feel safe, such as the side of the road or a well-lit parking lot.
2. Keep calm.
3. Are you injured? Assess the amount of impact and judge to what degree you may be hurt. If you think you're injured, stay in your car and try to relax. Be honest if anyone asks how you are. Ask someone to call for help and let a professional assess your condition.
4. Assess your situation. When examining the possible damage to your vehicle, NEVER walk directly between the two cars -- if one is hit again, you could be trapped between the two vehicles.
5. Provide medical help to others ONLY if you are trained to do so.
6. Call the police. Dial 9-1-1 first. If that doesn't work, dial 0 and ask for the police.
7. Don't say the accident was your fault, even if you believe it was. Be tactful and courteous, even if you're angry. Get the names, addresses and phone numbers of any witnesses. If you can't get their names, at least get their license plate numbers.

8. Exchange names, addresses, license numbers and insurance information with any other drivers involved in the accident.
9. Know where you want to get the damage to your vehicle repaired. You're more likely to get a good repair if you take your car to a shop that displays a logo for one of these associations: I-CAR. The Inter-Industry Conference on Collision Repairs offers the latest in technical training. If a facility is I-CAR Gold Class, then 80 percent of its technical staff is I-CAR trained.

Your Insurance Company\_\_\_\_\_

Your Policy Number\_\_\_\_\_

Your Agent\_\_\_\_\_

**Call Your shop name and phone number here**

Date of Accident\_\_\_\_\_

Time\_\_\_\_\_

Location\_\_\_\_\_

Other Driver's Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Phone(\_\_\_\_)\_\_\_\_\_

Year/Make and Model other driver's vehicle\_\_\_\_\_

Insurance Company\_\_\_\_\_

Agent\_\_\_\_\_ Policy #\_\_\_\_\_