RECORD THE FACTS (cont'd)

Name: Vehicle Make:
37 1 1 1 84 1 I
Vehicle Model:
Year: Color:
Lic. Plate:
INSURANCE INFORMATION
Company:
Ph. No.:
Policy No.:
Exp. Date:
DRIVER/VEHICLE INFORMATION
Name:
Vehicle Make:
Vehicle Model:
Year: Color:
Lic. Plate:
INSURANCE INFORMATION
Company:
Ph. No.:
Policy No.:
Exp. Date:

WITNESS: (Anyone who was at the scene and saw it happened. This excludes the drivers of the vehicles involved).

Name:_______
Ph. No.:_______

WITNESS: (Anyone who was at the scene and saw it happened. This excludes the drivers of the vehicles involved).

Name:______
Ph. No.:______

Ph. No.:______
Notes:_____

NOTES: (Describe the crash, direction of travel, type of collision, etc.).

IN CASE OF A CRASH





What to do if you are involved in a non-injury crash?



If you are involved or witness a crash where medical or police assistance is needed OR your vehicle is damaged and cannot be driven, call 9-1-1 IMMEDIATELY

STAY SAFE



Remain calm. Stop safely. Turn on your hazard/ emergency lights.

STAY SMART



Be courteous, and ALWAYS protect your identity.

Document the Scene



Take photos at the scene, always ensuring your safety.

Photo Checklist

License(s) plate, make and model of vehicles involved.

Damage to the other vehicle involved.

Damage to your vehicle

Landmarks, street signs, or address markers to identify location.

Damage to any property or objects at the scene (debris, skids, fallen trees, etc.).

MOVE YOUR VEHICLE



To avoid a traffic jam, move vehicle(s) off the roadway.

RECORD THE FACTS

WHEN:		
TIME:	AM	PM
LOCATION:		

Protect your ID.

DO NOT allow your driver's license to be photographed.