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STEP 1: STAY CALM

Keep calm, stop to protect your passengers and vehicle. Call the police and do not leave the scene of the accident.

STEP 2: EXCHANGE DOCUMENTS

Don't discuss the accident with anyone or blame anyone, including yourself. Exchange only drivers license, vehicle registration, and insurance information.

STEP 3: FACTS TO GIVE

Give only your name, address, drivers license number, license plate number, name of registered owner of the car and your insurance company. Show your driver's license to the other party.

STEP 4: FACTS TO GET

Take down the name, address, operators license number, date of birth, state of license and the phone number of the other driver. (There is space on this worksheet.)

STEP 5: OWNERSHIP FACTS

Write down the name, address and the insurance company of the owner of the other vehicle involved. The driver may not be the owner of the car. (There is space on this worksheet.)

STEP 6: INJURED PARTIES

Seek information from police for all injured parties involved, including passengers. Take down the names, addresses, dates of birth, and extent of injury. There is space on this worksheet.)

STEP 7: WITNESSES

Be sure to write down the names, addresses, and phone numbers of any people who saw the accident but weren't involved in it. Passengers in accident aren't witnesses. (There is space on this worksheet.)

STEP 8: DAMAGE

Note the make, body type, year and license number of the other vehicles. Also make note of the damage to the other vehicle. (There is space on this worksheet.) Using your cell phone to take photos is also helpful.

STEP 9: DRAW DIAGRAM

Note the date and time of the accident. Write down the location (street intersection or landmark). Use the accident diagram on this worksheet.

STEP 10: REPORT ACCIDENT

Report accident to your insurance company. Obtain a copy of the police report within 24 hours.

OTHER PARTY INFORMATION

Form with fields: DRIVER'S NAME, DATE OF BIRTH, ADDRESS, PHONE NO., OWNER'S NAME, ADDRESS, INSURANCE COMPANY, CODE NO., POLICY NO., VEHICLE ID NO., OPERATOR'S LICENSE NO., STATE OF LICENSE, PLATE NO.

PERTINENT INFORMATION

Form with fields: INJURED PARTIES & ADDRESSES, WITNESSES, WITNESSES, MAKE & BODY TYPE, DAMAGE TO OTHER VEHICLE (TAKE PHOTOS OF VEHICLES), LOCATION OF ACCIDENT, DATE & TIME

Accident Diagram

Form with text: NUMBER THE VEHICLES WITH YOURS AS NO. 1

KEEP IN GLOVE BOX