



What to do in case of an accident

Report Any Accident Immediately

(619) 287-8613



What to do in case of an accident

We hope your driving isn't interrupted by an accident, but if it is, here are important steps to follow:

- 1. Stop – render aid.** Stop profuse bleeding, if possible. Avoid moving an injured person – it may seriously complicate the injury. Call a doctor or ambulance.
- 2. Warn other drivers to prevent further damage.** Set flares. Signal with a flashlight at night.
- 3. Notify the police.** Many times a passing driver or bystander will do this for you.
- 4. Gather the facts.** Be sure to get the names of witnesses, as well as other pertinent information.
- 5. Be careful what you say.** Don't admit responsibility. Investigation may show you were not responsible.
- 6. Report to the proper authorities.** Each state has its own requirements for such reports. Check the laws for your state and comply.

Accident information

Date of accident	Time	AM/PM
Location	Cross streets	
Weather	Visibility	
Road conditions	Traffic conditions	
Traffic signs or signals	Street lights	
Was other driver intoxicated/under influence of drugs?		
Speed of your car	Speed of other car	
Did other driver signal?	Seat belts worn?	
Was either driver turning?		
Headlights	Stoplights	
Turn signals		
Distance from other car when you first saw it		
Measure skid marks		
Curves, curbs, hills, debris		
Pedestrians		
Other remarks		

Police (or Highway Patrol):

Dept	Name
Badge #	Phone #
Arrest or citations	Report taken

Witnesses

1. Name	Phone
Street address	City State
2. Name	Phone
Street address	City State
3. Name	Phone
Street address	City State

Accident information

The other drivers

Name	Approximate age	
Address		
City	State	ZIP code
Phone # (home)	Phone # (work)	
Drivers License #	Expires	
Automobile: (year, make and model)		
Color		
License plate #		
Registration #		
Insurance policy #	Expires	
Company		
Agent	Phone #	
Name	Approximate age	
Address		
City	State	ZIP code
Phone # (home)	Phone # (work)	
Drivers License #	Expires	
Automobile: (year, make and model)		
Color		
License plate #		
Registration #		
Insurance policy #	Expires	
Company		
Agent	Phone #	

Accident information

Passengers in your car

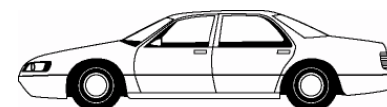
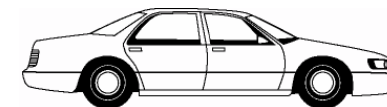
Name	Approximate age	
Address		
City	State	ZIP code
Phone # (home)	Phone # (work)	
Name	Approximate age	
Address		
City	State	ZIP code
Phone # (home)	Phone # (work)	

Passengers in the other driver's car

Name	Approximate age	
Address		
City	State	ZIP code
Phone # (home)	Phone # (work)	
Name	Approximate age	
Address		
City	State	ZIP code
Phone # (home)	Phone # (work)	

Diagram of damage

Please mark points of contact, and indicate damage to your car.



Notes

Lined area for handwritten notes.

Your Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Person to notify in case of accident _____

Doctor _____ Phone _____ Special medical Treatments _____

Light blue rectangular area for doctor information.

Light blue rectangular area for special medical treatments.



Light blue rectangular area for doctor information.

Light blue rectangular area for special medical treatments.

KEVIN DAHLKE
Insurance Brokerage



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Your Policy number
Keep in your glove box



Kevin Dahlke Insurance Brokerage
6812 Deep Valley Rd., San Diego, CA 92120
(619) 287 8613 fax (619)287 8921
kevin@dahlkeinsurance.com
www.dahlkeinsurance.com
DOI License #: 0601326