# **Collision Procedure**

### 1—PROTECT THE SCENE

- Remain calm
- Move Vehicle out of danger if possible (State law since 1994)
- If in hazardous location—set up reflective triangles/flares

#### 2—CHECK FOR AND HELP INJURED.

## 3—CALL 911, or direct someone to do so.

No matter how minor—get police report

#### 4—GET WITNESSES

- Names and Numbers
- See back side of this page

#### **5—EXCHANGE INFORMATION**

Flip this form over

## 6—TAKE PHOTO'S If YOU HAVE A CAMERA

**7—DO NOT ADMIT "FAULT"**, just tell officer what happen.

# **NOTES**

List any damage to other vehicles—including point of impact, apparent new damage, and obvious old damage (take photos). Also draw a simple diagram of the collision, including direction of travel and traffic sign, include any other information you feel may be useful.

Get names, addresses, and phone #'s of any passengers if possible.

Collision Date	Time	Weather/Light Conditions			
Street/Hwy./Intersection			City		
Street/Hwy./Intersection State Police Dept/Sheriff/Trooper			Case #		
Tickets issued? Yes N	lo If yes, to whom	?			
WITNESS #1					
Name					
				Address	
Phone (H)	(W)_		Other_		
WITNESS #2	. , ,				
Name					
			/	Address	
Phone (H)	(W)		Other		
Other Driver #1	(**/		Apparent inju	ries? Yes	No
Name					
Address					
Phone (H) License Plate No Year Make Color	(W)		Other		
License Plate No.	· /	VIN#			
Year Make		Model			
Color	Insurance C	Co			
Policy #					
Policy # Name of Insurance /	Agent				
Phone					
Other Driver / Passeng			Apparent injui	ries? Yes_	_ No
Name					
Phone (H)	(W)		Other		
License Plate No		_VIN#			
Phone (H) License Plate No Year Make		Model		_	
C0101	Insurance (	Co		<del></del>	
Policy #					
Name of Insurance A	Agent				
Phone					