

STEPS TO TAKE WHEN YOU HAVE A CAR ACCIDENT

STEP 1

Stop your vehicle (do not leave the scene of an accident)

STEP 2

Prevent any further accidents

STEP 3

Help anyone that has been injured and call 911 if necessary

STEP 4

Call the police to file an accident report

STEP 5

Move vehicles to a safe location if they are blocking traffic. Take pictures before you move the vehicles from the accident scene.

STEP 6

Complete the information on the backside of this flyer if possible. The police report will not be available for 2-3 days. You need this info to file an insurance claim.

STEP 7

Take pictures if you have your phone handy. Take as many pictures as you need to tell the story of what happened, where each car was located, and the damage to all cars or other property.

STEP 8

Call your insurance agent when you are finished at the scene of the accident.



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Print this flyer and keep it in your glove box so you have a place to collect all this information

1. Other Vehicle Involved

Make of Vehicle _____ Year _____
 Type _____
 Plate No. & State _____
 Driver _____
 Address _____
 Phone (H) _____ (W) _____
 Owner _____
 Address _____
 Phone (H) _____ (W) _____
 Describe Damage _____
 Insurance Company and Policy Number _____

2. Witnesses/Occupants

Witness Occupant
 Name _____
 Address _____
 Phone (H) _____ (W) _____

Witness Occupant
 Name _____
 Address _____
 Phone (H) _____ (W) _____

3. Persons Injured

Name _____ Age _____
 Address _____
 Phone (H) _____ (W) _____
 Nature of Injuries _____
 Seat Belt Used: Yes _____ No _____
 Name of Hospital _____

Name _____ Age _____
 Address _____
 Phone (H) _____ (W) _____
 Nature of Injuries _____
 Seat Belt Used: Yes _____ No _____
 Name of Hospital _____

4. Police Investigation

Yes No
 Police Department _____
 Officer's Name _____
 ID No _____
 Department Location _____
 Incident Number _____

5. Date, Time and Place of Accident

Date _____ Time _____ a.m./p.m.
 State _____ County _____
 City _____
 On _____
 At or Near _____
Street, Highway or Route
Interstate or Highway, House Number or Other Landmarks

6. Property Damage other than Vehicle

(mailbox, buildings, fence, personal effects, etc.)
 Property Owner _____
 Address _____
 Phone (H) _____ (W) _____
 Describe Damage _____

7. Driver Account of Accident

How fast was your vehicle going at the time of the accident? _____
 What was the speed of the other vehicle? _____
 Explanation of the accident: _____

Draw a diagram of the accident below:

