

If involved in an accident...

Remain calm.

Write down details.

Complete this checklist.

We hope an auto accident never occurs, but if it does, complete the checklist and fill out the enclosed form to help ensure your rights are protected.

Prepared by Attorney Christopher B. Slusser of the Slusser Law Firm, this checklist and form help capture information and details that may help in the event you need to take legal action.

If you or a loved one is seriously injured through the fault of

TALK TO AN ATTORNEY IN
1 HOUR OR LESS

someone else, you may contact the Slusser Law Firm any time of the day or night and talk to an attorney in one hour or less.



SLUSSER
LAW FIRM

CALL 570-453-0463
OR 1-800-789-9529

www.slusserlawfirm.com

A free guide to protect your rights in the event of an auto accident.

Auto Accident Checklist

STORE IN GLOVE COMPARTMENT WITH REGISTRATION & INSURANCE

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THE SLUSSER LAW FIRM
1620 N CHURCH ST
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- Turn on your emergency flashers.
- Assess yourself and your passengers for injuries.
- If safe, exit your vehicle.
- Check the other vehicle's passengers.
- Contact police and stay on scene until they arrive and tell you that you can leave.
- Don't try to move vehicles initially.
- Avoid talking about how the accident occurred, except with police.
- Get essential information on the other vehicle and take pictures if possible.
- Get checked out at the hospital or by a doctor.
- If the other vehicle leaves, take down a description of the vehicle and call police.
- Contact insurance agent as soon as is practical.
- Call the Slusser Law Firm at 570-453-0463 if you or a loved one has been injured through the fault of someone else.**

Date: _____ **Time:** _____

Location: _____

Conditions (weather, road, etc.): _____

Description of event: _____

Driver of Other Vehicle #1

Driver: _____
 Owner: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Driver's License #: _____
 Make: _____ Model: _____
 Year: _____ Color: _____
 License plate number and state: _____
 VIN: _____

Insurance information

Company: _____
 Agent: _____
 Phone: _____
 Policy #: _____
 Expiration Date: _____

Driver of Other Vehicle #2

Driver: _____
 Owner: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Driver's License #: _____
 Make: _____ Model: _____
 Year: _____ Color: _____
 License plate number and state: _____
 VIN: _____

Insurance information

Company: _____
 Agent: _____
 Phone: _____
 Policy #: _____
 Expiration Date: _____

Passenger/Witness #1

Name: _____
 Address: _____

 Phone: _____

Passenger/Witness #2

Name: _____
 Address: _____

 Phone: _____

Passenger/Witness #3

Name: _____
 Address: _____

 Phone: _____

Draw a diagram of the accident/intersection and take photographs if possible.



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