

THE CAR ACCIDENT KIT

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The Law Office of Trevor A. Taylor has provided this Car Accident Kit to provide you with a checklist in the unfortunate event you are ever in an automobile accident. Put this three page kit in the glove compartment of your car. For your convenience, attach your proof of insurance card where indicated.

AT THE SCENE:

STOP your vehicle at the scene or as close as possible to the scene without unnecessarily obstructing traffic.

CHECK FOR INJURIES:

- Don't assume people are not injured simply because they say they are not. Send for skilled help as quickly as possible.
- Do not move or lift a victim suspected to be seriously injured unless absolutely necessary
- Stop serious bleeding with thick cloth pads, as clean as possible, applied with pressure
- Keep the victim as comfortable as possible

CALL 911: have an officer investigate the wreck, and call an ambulance if suspected injuries.

EXCHANGE INFORMATION: get the name, address, phone number, driver's license number and state, vehicle registration number, insurance company and policy number of the other driver(s). For every person who saw the wreck or was a passenger in the vehicle's involved, get their name, address and phone number.

AFTER THE WRECK:

FOLLOW UP WITH YOUR PHYSICIAN if you are injured. If you go to your physician- listen to him or her. If they recommend treatment like physical therapy, make sure you go.

REPORT THE WRECK to your insurance company.

If you didn't call the police to the scene, and the wreck involved over \$1,000 of property damage or injury to a person, you must file a written report with the Texas Department of Public Safety within 10 days of the crash.

NO STATEMENTS: If you get a call from the other driver's insurance company, they may ask for a recorded statement. This insurance company is not your friend. You are not obligated to give them a statement. Before you agree to give a statement, talk to a lawyer.

MAKING A CLAIM: If you have an injury claim, talk to a lawyer to learn your rights.

Staple Proof of Insurance Here

COLLISION INFORMATION SHEET:

Date of Collision: _____; Time of collision: _____ am/pm

Location of Collision: Street: _____

Nearest cross street: _____

City/County: _____

Investigating Officer's Badge No. _____

DRIVER:

Name: _____ Address: _____

Phone: _____ (home) _____ (mobile)

Driver's License/State: _____ Date of Birth: ____/____/____

Vehicle: Year _____; Make/Model/Color: _____

License Plate: _____; VIN: _____

Auto Insurance Carrier: _____; Policy Number: _____

DRIVER::

Name: _____ Address: _____

Phone: _____ (home) _____ (mobile)

Driver's License/State: _____ Date of Birth: ____/____/____

Vehicle: Year _____ Make/Model/Color: _____

License Plate: _____; VIN: _____

Auto Insurance Carrier: _____; Policy Number: _____

WITNESS:

Name: _____ Address: _____

Phone: _____ (home) _____ (mobile)

Driver's License/State: _____ Date of Birth: ____/____/____

WITNESS:

Name: _____ Address: _____

Phone: _____ (home) _____ (mobile)

Driver's License/State: _____ Date of Birth: ____/____/____