

Accident Details

Date _____ Time of Day _____

Where _____

Driving speed _____

Weather _____

Road conditions _____

Record Damage to Vehicles

YOUR VEHICLE

OTHER VEHICLE

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Diagram of Accident


Show where vehicles went and how accident happened. Use these symbols.

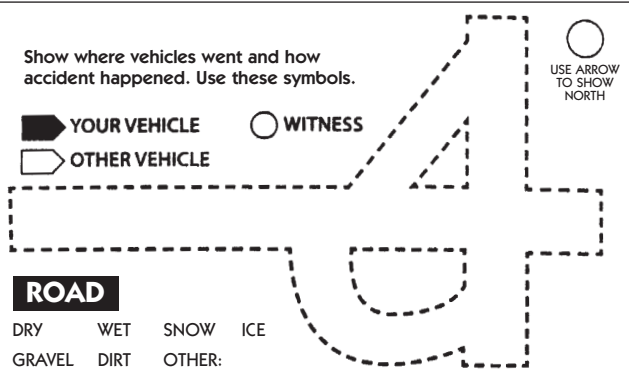
 YOUR VEHICLE  WITNESS

 OTHER VEHICLE

ROAD

DRY WET SNOW ICE
GRAVEL DIRT OTHER:

 USE ARROW TO SHOW NORTH



Your Contact Information

Make _____ Model _____

Color _____ Year _____ License # _____

VIN# _____

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell _____

Date of Birth _____

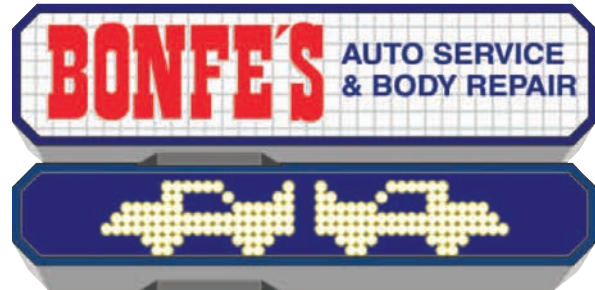
Your Insurance Information

Company _____

Phone _____

Policy Holder _____

Policy # _____



**CAR
CARE
by
PEOPLE
WHO
CARE**

Accident Record/ Checklist

380 West 7th Street
St. Paul, MN 55102

Collision Center
651-222-4458

Mechanical Service
651-224-7571

www.bonfesauto.com

Steps to Follow In Case of an Accident

1. Stay Calm.
2. Put vehicle in park, turn hazard lights on, turn off ignition.
3. Check for injuries.
4. Call police – 911 – to report accident. If needed, request an ambulance.
5. Record details of other involved vehicle.
6. Record details of other driver and passengers.
7. Obtain witness information.
8. Record the details of the situation.
9. Cooperate with the police and emergency medical personnel. You may request a copy of the accident report.
10. Exchange insurance information.
11. Do not discuss “fault,” apologize, or make statements about the accident to anyone other than the police.
12. Report the accident to your insurance company as soon as possible.

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Take pictures of the damage with a camera or your cell phone. Note damage in the space provided on the back of this pamphlet.

Other Involved Vehicle

Make _____ Model _____
Color _____ Year _____ License # _____
VIN# _____
Owner's Name _____
Address _____

Phone _____

Other Involved Driver

Driver's Name _____
Date of Birth _____
Address _____

License # _____ State _____
Home Phone _____
Work Phone _____ Cell _____

Insurance Information

Company _____
Phone _____
Policy Holder _____
Policy # _____

Passenger Information

Name _____
Address _____
Phone _____
Which vehicle? _____
Injuries? _____

Name _____
Address _____
Phone _____
Which vehicle? _____
Injuries? _____

Witness Information

BONFE'S