Car Accident Preparedness Kit Emergency Supplies Bottled water While we hope you never have to use this form, we recommend keeping it in your glovebox, along with your insurance and vehicle registration info. First aid kit Flashlight Blanket Date of Accident: _____ Time: ____ Dried/non-perishable food **Location of Accident:** Jumper cables Disposable camera License Plate Model Driver's License Number Make **Driver Name Driver Address** VIN **Driver Phone Policy Number** Insurance Company License Plate Make Model Driver's License Number **Driver Name Driver Address** VIN **Driver Phone** Insurance Company Policy Number Witness #1 Name Phone Number **Email** Address Witness #1 Name Phone Number Address **Email Accident Accident Checklist** Sketch Get medical help for anyone injured. Exchange information with all drivers. Get contact information for passengers and witnesses. Take photos of the scene with a camera/iPhone. Sketch the accident. ONLY discuss the accident with police, NOT others involved.

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