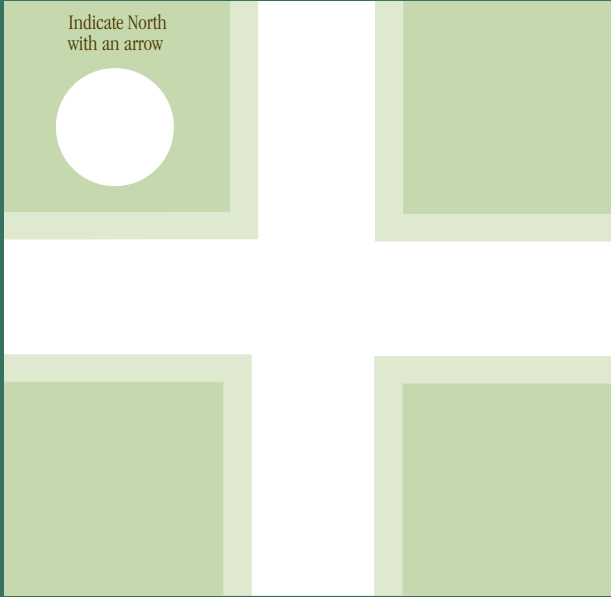




# Diagram of Accident



Use the following symbols to sketch the scene of your accident above. Write in street or highway names or numbers.

Number each vehicle and show the direction of travel with an arrow: 


Use solid line to show path before accident: 

Use dotted line to show path after accident: 

Show pedestrian by: 

Show railroad by: 

Show distance and direction to landmarks; identify by name or number.

Indicate North above using an arrow: 

# The Right Response



Know what to do  
in case of an accident  
*Protect yourself and avoid problems*

LAW OFFICES OF  
ANDREW G. GAY, JR., LLC  
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This pamphlet was prepared by Andrew Gay Jr. as a post-accident reference. It is not intended to be a comprehensive statement of law. It is to inform, not advise on any specific legal problem.

If you have questions regarding this pamphlet, please call: 215.545.7110



Keep this brochure with  
your insurance information

# Steps to Take After an Accident

- 1 Stop** Never leave the scene of an accident in which you or your vehicle is involved. Failing to stop may subject you to criminal prosecution, even if the accident was not your fault. Stop your car as soon as possible without obstructing traffic. Warn oncoming traffic, if possible.
- 2 Assist the injured** Your first responsibility is to find out if anyone is hurt. If so, call 911 immediately. Provide the injured all reasonable assistance by attempting to obtain treatment and transportation to a doctor or hospital. However, DO NOT attempt to provide treatment yourself.
- 3 Call the Police** Police officers are trained to handle accident scenes. Upon arrival, provide police with a brief synopsis of the facts. This report may be helpful if a liability claim is made.
- 4 Identify the driver** Exchange information with the other driver(s). Obtain their name, address and registration number. Ask to see their driver's license. Also, request the name of their insurance company and the policy number. Gather names and addresses of any others involved in the accident.
- 5 Witnesses** Gather names, addresses and telephone numbers of eyewitnesses.
- 6 Take notes – Fill out attached form/diagram** Make written notes of the circumstances concerning the accident. It will be important for you to point out where vehicles collided and where they came to a stop. If you have a camera or camera phone, take pictures of skid marks, cars and anything else you feel is important BEFORE vehicles are moved from their final resting point. Fill out the accident information form and diagram attached to this brochure.
- 7 Make no admissions** With the exception of your exchange of required information, do not comment on the accident. Keep your notes and opinions to yourself. Do not admit you were wrong or careless. You should consult a lawyer as soon as possible before arriving at any agreements with anyone, before making any admissions, and prior to making any traffic court appearances relating to the collision.

**8 When to leave the scene** Do not leave until you have: 1) Assisted the injured, 2) Exchanged information with the other driver, 3) Protected and studied the scene, 4) Obtained names of witnesses, 5) Filled out the attached form and diagram, and 6) Assisted the investigating officer. Ask for the officer's permission prior to leaving the scene.

**9 See a doctor/obtain treatment for your injuries** If necessary, obtain emergency room treatment. Follow up with your doctor immediately, and ask your passengers to do likewise.

**10 Report your claim to your insurance company** Report the accident immediately to your insurance company. Call the toll-free number on your insurance card. The notice should contain sufficient information concerning the time, place and circumstances of the accident, the names of any injured people, and witness information. You have an obligation to cooperate with your own insurance company.

**11 Claims made against you** Refer all persons making claims against you to this office. Make no payments or promises to pay any claimant. Forward all papers served on you to this office immediately.

**12 Personal Injury Protection (PIP)** Your liability insurance policy includes coverage for medical expenses up to certain limits, regardless of fault. Consult this office as soon as possible after the accident.

**Personal Injury** If another motorist is at fault, you may be able to sue that person for personal injuries, which are generally measured by your medical expenses and lost wages caused by the accident, and an amount which may be determined for your pain and suffering.

**Property Damage** Claims for vehicle damage are covered by your own collision or comprehensive policy, if you have one. If another motorist is at fault in an accident, you may seek recovery for your property damage, regardless of whether you can sue him or her for your bodily injury.

# Fill Out at Scene of Accident

## Driver of other car:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Vehicle registration (car license) number \_\_\_\_\_  
Driver's license number \_\_\_\_\_  
Has he or she apparently been drinking? \_\_\_\_\_  
Any verbal statement made by other driver as to cause of accident? \_\_\_\_\_

## Passengers in other car:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

## Witness information:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

## Special conditions immediately following accident:

Position of your car after accident \_\_\_\_\_  
Position of other car after accident \_\_\_\_\_  
Location of tire marks, blood, glass, dirt, etc., on road or side of road \_\_\_\_\_  
Point of impact in relation to center of road or physical object \_\_\_\_\_  
Place of impact on other car \_\_\_\_\_  
Weather, traffic conditions \_\_\_\_\_

## Fill out the following at the scene or shortly afterwards:

Date of accident \_\_\_\_\_ Time \_\_\_\_\_  
Location of accident \_\_\_\_\_  
Type of road (grade, curve, etc.) \_\_\_\_\_  
Speed of your car just before accident \_\_\_\_\_  
Speed of other car just before accident \_\_\_\_\_  
Direction of your car \_\_\_\_\_  
Direction of other car \_\_\_\_\_  
Were you or other driver turning? \_\_\_\_\_  
Did other driver signal properly? \_\_\_\_\_  
If at night, were his or her lights on? \_\_\_\_\_  
How far were you from the other car when you first saw it? \_\_\_\_\_

## Other pertinent facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_