

Car Accident Preparedness Kit

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.

Date of Accident: _____ Time: _____

Emergency Supplies

- Bottled water
- First aid kit
- **Flashlight**
- Blanket
- Dried/non-perishable food
- Jumper cables
- Disposable camera

Location of Accident:

Vehicle #1

License Plate	Make	Model	Driver's License Number	
Driver Name	Driver Address	VIN		
Driver Phone		Insurance Company	Policy Number	

Vehicle #2

License Plate	Make	Model	Driver's License Number
		VIN	
Driver Name	Driver Address	VIN	
Driver Phone		Insurance Company	Policy Number

Witness #1 Name	Phone Number	Address	Email
Witness #1 Name	Phone Number	Address	Email
 Exchange informa Get contact informa Take photos of the Sketch the accide ONLY discuss the Talk to a qualified Use a service like A 	o for anyone injured by callin ation with all drivers. mation for passengers and with a scene with a camera/iPhone.	nesses. ers involved. area.	Accident Sketch

(248) 591-4090