



**IS EVERYONE OK?IF NOT,
RENDER AID:
HELP THE INJURED**

BEFORE LEAVING THE SCENE:

STEP 1: Call 911 for police to help with traffic and request an ambulance if needed.

STEP 2: Take photos of the vehicles, the scene of the accident, and any debris on the road. (With your cell phone if not a camera.) One photo of other car with license plate.

STEP 3: If safe and possible, move your vehicles out of traffic; do NOT leave the scene. (Ensure the other driver does not flee or think that you are fleeing.)

STEP 4: Exchange the enclosed information whether or not you are injured.

AFTER LEAVING THE SCENE:

STEP 1: Report the incident to your insurance company. You do NOT have to give a recorded statement during this call, but sometimes they record anyway. YOU MUST Get a claim #:

STEP 2: Immediately seek medical assistance if you have ANY pain. Give doctors or chiropractors YOUR car insurance information and claim # for billing. (Regardless of fault.)

STEP 3: Take additional photos of damage to your vehicle, clothing, & items in the vehicle.

STEP 4: Take photos of ANY and ALL visible injuries to you and your passengers.

STEP 5: Make any claims for property damage and rental cars (if your fault: against your full coverage insurance, if other driver's fault: against his/her insurance). You do NOT have to give the other driver's insurance a recorded statement.

STEP 6: Fill out an Oregon Traffic Accident and Insurance Report WITHIN 72 HRS. <http://www.odot.state.or.us/forms/DMV/32.pdf> (Deliver it to DMV and keep a copy.)

STEP 7: If your vehicle was not towed, take it to two shops of your choice for free property damage estimates, ask for copies.

STEP 8: Call a lawyer as soon as possible to maneuver through the process: preferably before giving any recorded statements or completing any insurance forms or releases (medical or otherwise).

**AFTER LEAVING THE SCENE SEE
BACK FOR ADDITIONAL
INFORMATION**

WHAT TO DO

IN A

CAR ACCIDENT

**(GENERAL INFORMATION TO
KEEP IN YOUR CAR WITH A PEN)**



LAW OFFICES OF
KERI TRASK LAZARUS

1247 Commercial St. S, Suite 100, Salem, OR 97302

Phone: 503-385-1894

Fax: 503-385-1972

Email: Keri@KTLazaruslaw.com

www.KTLazaruslaw.com

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YOUR INFORMATION

**(RIP OFF AND GIVE TO
OTHER DRIVER)**

Name:

Address:

Phone #:

Driver license #:

Vehicle plate #:

Insurance Co.:

Insured:

Policy #:

Insurance Phone #:

YOUR INFORMATION

**(RIP OFF AND IF 3 CARS INVOLVED
GIVE TO THIRD DRIVER)**

Name:

Address:

Phone #:

Driver license #:

Vehicle plate #:

Insurance Co.:

Insured:

Policy #:

Insurance Phone #:

OTHER DRIVER INFORMATION

Name:

Address:

Phone #:

Vehicle plate #:

Vehicle make/model/year:

**ASK FOR DRIVER'S LICENSE
& INSURANCE**

Driver license #:

Date of birth:

Vehicle Owner:

Insurance Co.:

Policy #:

IF 3 CARS, THIRD DRIVER INFORMATION

Name:

Address:

Phone #:

Vehicle plate #:

Vehicle make/model/year.:

**ASK FOR DRIVER'S LICENSE
& INSURANCE**

Driver license #:

Date of birth:

Vehicle Owner:

Insurance Co.:

Policy #:

PASSENGER INFORMATION

Name:

Phone #:

Vehicle:

Name:

Phone #:

Vehicle:

Name:

Phone #:

Vehicle:

Name:

Phone #:

Vehicle:

WITNESS INFORMATION

Name:

Phone #:

Location:

Name:

Phone #:

Location:

Name:

Phone #:

Location:

Location:



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Phone: 503-385-1894 Fax: 503-385-1972

Email: Keri@KTLazaruslaw.com