

# Getz & Braverman Practical Legal Guides

## Auto Accident Personal Injury Checklist

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When you're in an auto accident, everything you do after the accident is very important. Review and keep a copy of this practical guide to help protect you following an accident.

- Immediately after an accident, keep calm and determine if anyone in your vehicle needs immediate medical attention.
- Call 911 and report the accident.
- Stay in your vehicle unless it's unsafe to do so due to traffic or other dangers.
- Observe and write down notes about what happened so you don't forget. Be very detailed about location, nearby objects, who was around, what you believe caused it, and any other details you can record.
- When calling police, only state facts such as location, direction vehicles were traveling, and state of traffic lights at the time of the accident.
- If you're asked questions beyond location and injuries, let them know you have an attorney and will wait to answer.
- Once it's safe to leave your vehicle, take photos of all involved vehicles, getting every angle. Take photos of surrounding structures, buildings, and nearby parked vehicles or obstructions.
- Make a note of the names of nearby stores so they can be contacted for video footage. Take a photo of any video cameras you see. Get the names and contact info of any witnesses.
- Don't talk about the accident with the other driver or their passengers. Tell them you want to wait for police to arrive. If they ask if you need medical attention, agree to an ambulance being called so everyone can be checked properly. Injuries like whiplash are serious but may not be painful at first.
- When asked by police if anyone has injuries in your vehicle, don't make a self-diagnosis. Asked to be checked even if you don't feel like your discomfort is important. Many injuries aren't immediately evident.
- From the first day of your accident, begin a daily journal. Include dates and times, symptoms, specific pain locations, level of pain, and how your life is different than it would have been. List work days, household activities, and events you're forced to miss. Write in your journal daily to document how you feel and what's happening in your life, even if your symptoms are getting better.
- Even if you don't feel injured, it's important to schedule a visit with your primary care doctor. Especially if no ambulance was on the scene. Not only does the doctor become a witness, but some types of injuries can take weeks or months to show their full effects.

# Auto Accident Personal Record

## YOUR VEHICLE DRIVER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Impaired: Alcohol/Drugs Phone Other No

## YOUR VEHICLE

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
Color: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Vehicle Owner: \_\_\_\_\_

## OCCUPANTS OF YOUR VEHICLE

\_\_\_\_\_ Seatbelt: Y or N  
\_\_\_\_\_ Seatbelt: Y or N  
\_\_\_\_\_ Seatbelt: Y or N  
\_\_\_\_\_ Seatbelt: Y or N

## INITIAL REPORTED INJURIES:

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

## DETAILS OF ACCIDENT:

**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Time Police Arrived:** \_\_\_\_\_  
**Time Ambulance Arrived:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Closest Cross Street:** \_\_\_\_\_  
**Traffic Light at Impact:** Green Yellow Red

## OTHER VEHICLE DRIVER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Impaired: Alcohol/Drugs Phone Other No

## OTHER VEHICLE

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

*If more than one vehicle, use another page if needed to track info for each vehicle.*

## OCCUPANTS OF OTHER VEHICLE

\_\_\_\_\_ Seatbelt: Y or N  
\_\_\_\_\_ Seatbelt: Y or N  
\_\_\_\_\_ Seatbelt: Y or N  
\_\_\_\_\_ Seatbelt: Y or N

## DESCRIPTION OF ACCIDENT:

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

**Speed at Impact:** \_\_\_\_\_  
**Number of Vehicles Involved:** \_\_\_\_\_  
**Pedestrians or Cyclists:** \_\_\_\_\_  
**Road Markings:** Marked Unmarked  
**Road Conditions:** Wet Dry Snow  
**Road Defects:** Potholes Flooding Cracks  
**Construction Nearby:** Y or N



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Free Consultation | Call Us Anytime 24/7 | Call 718-618-5567