

WHAT TO DO IN CASE OF AN AUTOMOBILE ACCIDENT

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YOUR PERSONAL INJURY LAWYER

1. STOP!!

Failure to stop can result in serious criminal consequences.

3. PROTECT THE SCENE FROM FURTHER DAMAGE

You may be liable for damages to approaching drivers, unless they are properly warned.

If the highway is obstructed at night, illuminate the accident scene if possible.

2. RENDER AID

If anyone is injured:

1. Render first aid if qualified.
2. Try to stop any bleeding.
3. Call a doctor, ambulance or both.
4. Do not move an injured person in any way that could possibly add to their injury.

4. CALL AN OFFICER

Policemen, Highway Patrolmen, Sheriffs and their Deputies are trained accident investigators whose testimony may be invaluable in establishing your civil claim damages.

5.

GATHER INFORMATION AND WRITE IT DOWN

Don't trust your memory. Use the form in this pamphlet. Don't guess - be specific.

1. Measure skid marks.
2. Measure steps of distances.
3. Obtain names and addresses of witnesses.

Drivers are required by law to exhibit their driver's license to each other.

7.

BE CAREFUL WHAT YOU SAY

Even if you feel you might be at fault, it is best to make no statement. You may learn later that the other driver was equally at fault, or more so.

Emotional comments can be misconstrued by others, or may be misquoted. At the scene of an accident, spectators are curious. It is best to remain silent. Let your lawyer talk for you later - you get the FACTS.

9.

CONSULT YOUR LAWYER IMMEDIATELY

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6.

TAKE PICTURES

Take pictures of your vehicle and all other vehicles involved. Take pictures of their license plate number, their drivers license and insurance information. You can even do a video/audio recording of the scene and any other relevant information.

8.

SEE YOUR DOCTOR

Serious injuries do not always appear right away. If there is the slightest chance you might be injured, see a doctor.

10.

REPORT THE ACCIDENT TO THE DEPARTMENT OF PUBLIC SAFETY

An accident report is required by law to be filed with the Dept. of Public Safety within 10 days from the date of the accident if there is an injury, death or total damages exceed \$500. An official form is available from the Police, Sheriff's Dept., Highway Patrol or Texas Dept. of Public Safety.

11.

INFORM YOUR INSURANCE COMPANY PROMPTLY

Failure to do so may void your policy. Vehicles operated on the streets and highways of Texas must be covered by liability insurance or other evidence of financial responsibility. The Dept. of Public Safety enforcement personnel with accept as evidence of insurance the insurance policy for the vehicle or an instrument issued by the insurance company confirming coverage of the vehicle. This instrument must contain at least:

- A statement that the coverage meets the minimum prescribed by law.
- The name of the insurance company.
- The name of the insured.
- The period of the policy.
- The policy number.

Evidence of insurance should be carried in the vehicle or with the driver of the vehicle. As a condition of driving, every owner and/or operator is required upon request to furnish such evidence to a law enforcement officer or to another person if involved in an accident.

Failure to show evidence of insurance or financial responsibility carries upon conviction of certain statutory penalties including fine and suspension of license and registration privileges.

EMERGENCY ACCIDENT FORM

Hour _____ a.m./p.m. Date _____

Your Name _____ Address _____

Location of Accident _____ Condition of Street _____

Visibility _____ Who Was Driving _____

What Happened (Briefly) _____

Police Authority Investigating _____ Badge Number(s) _____

Name(s) of Policemen _____ Address _____

Occupants of Your Car _____

Witness Name _____ Witness Address _____

Witness Name _____ Witness Address _____

Witness Name _____ Witness Address _____

OTHER CAR

Car Description _____ License Plate _____ Driver's License Number _____

Owner/Driver _____ Address _____

What Damage to Other Property _____

Insurance Carrier _____ Policy Number _____

Name of Insured _____ Period of Policy _____

INJURED PERSONS

Name _____ Address _____

Describe Injury _____ Age _____

Name _____ Address _____

Describe Injury _____ Age _____