✓ Witness information

Name	
Address	
Phone No	
Name	
Address	
Phone No	

Law enforcement information

Reported to Police	🗖 Yes	🗖 No
Officer Name or Badg	e No	
Citation Issued		

Description of accident

Contact your insurance agent or company as soon as possible. Give them a copy of this information.

Insurance agency/company information

 Vehicle immobilization and confiscation of plates for 30– 60 days for violating FR suspension. Third and subsequent offenses may mean vehicle forfeiture and a fiveyear suspension of vehicle registrations.

Proof of FR is required if you are stopped for a moving violation, a vehicle safety check or involvement in a traffic accident as well as other situations such as a court appearance or upon request from the Ohio BMV, such as through its random FR verification program.

Insurance companies issue insurance cards to their policyholders for all new and renewal business. These ID cards can be used to satisfy proof of FR.

Comparative Negligence

When settling an insurance claim, you may hear the insurance adjuster use the phrase "comparative negligence."

Negligence is defined as "the failure to exercise the degree of care required of a reasonable and prudent person in any given circumstance resulting in injury or damage to another." Simply put, comparative negligence allows a person to recover damages reduced by his/her own percentage of negligence.

In Ohio parties share the cost of damages from a crash in proportion to their share of negligence. For example, if your negligence is judged to be 50% or less, you may recover damages, minus the percent caused by your own negligence. If you are more than 50% negligent, you may not recover any losses from the other party. This law comes into play most often in crashes. But comparative negligence can apply to home and business-related incidents.

• FOR MORE INFORMATION •

OII offers free consumer brochures covering a variety of homeowners and auto insurance issues, consumer safety tips and insurance laws. Or visit our Web site for a variety of consumer related materials available for downloading at *www.ohioinsurance.org.* Online version of **Auto Accident Checklist** available at *www.ohioinsurance.org/consumers/fact_pak.asp.*



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AUTO ACCIDENT CHECKLIST





11/08

Being involved in a crash can temporarily affect your ability to think clearly. This brochure explains the steps to follow if involved in a crash. Keep a copy in your vehicle glove box as a guide. A disposable camera could also come in handy.

Be sure to follow the instructions of law enforcement if dispatched to the scene. Don't leave until you have spoken to the officer.

AT THE ACCIDENT SCENE

- Move minor damaged crash vehicles to the berm or side of the road, providing there are no injuries and the vehicles are moveable. This helps alleviate congestion.
- ✓ Note the time and location of the accident.
- Obtain names, addresses and phone numbers of witnesses.
- Get the names, addresses and phone numbers of those injured.
- Secure information about all other vehicles involved in the accident, including:
 - License plate number
 - · Vehicle description (make, model and color)
 - Driver's and vehicle owner's name, address, phone number, date of birth, Social Security number and drivers license number
 - Owner's/driver's insurance company information taken from the insurance ID cards, if available
 - · Passengers' names, addresses and phone numbers
- Obtain name and badge number of investigating law enforcement official and any citation information.
- For your protection, make no comment or statement about the accident except to law enforcement officials or an identified representative of your insurance company.
- ✓ Make a sketch of the accident scene. Identify your car as "A." Show names of streets or highways and directions of vehicles involved.

AFTER THE ACCIDENT

Report the accident promptly to your insurance agent or company. Generally, you will be expected to furnish the following information:

- Your name and the name on your policy
- Your home address
- Your policy number
- Your car's make and model year
- Date, time and location of accident
- Injury information
- Witness information
- · Whether your car is operable and its location
- · Information on other driver(s)/passenger(s) involved
- ✓ Consider filing a Motor Vehicle Crash Report (Form 3303) with the Ohio Bureau of Motor Vehicles (BMV) within six months of the crash if you suspect the other driver was uninsured or not meeting financial responsibility (FR) compliance. This filing is optional and applies to crashes causing injury, death or more than \$400 in property damage. If a report is filed, the driver will be required to provide the BMV with FR proof. Crash report forms are available from local law enforcement, the BMV or your insurer. They are also available online from BMV's Web site at www.bmv.ohio.gov/pdf_fomrs/ bmv3303.pdf.

OHIO LAWS PERTAINING TO ACCIDENTS

Financial Responsibility (FR)

Ohio's FR law requires drivers to be insured or have other arrangements to pay for injuries or damages they cause in the event of a crash. If you choose to comply with the FR law through insurance, state minimum limits are: bodily injury liability—\$12,500 per person and \$25,000 per accident; property damage liability—\$7,500 per accident.

The penalties for FR violation are noted below. For more information on Ohio's FR law, see the Fact Pak brochure "Ohio's Financial Responsibility Law."

- Lose drivers license for at least 90 days up to two years
- · Petition the court for limited driving privileges
- License plate and vehicle registration suspension
- Drivers license reinstatement fees of \$75-\$500
- Requirement to obtain auto insurance (SR 22 or bond). If violator cancels or nonrenews it within the monitoring period (either three or five years), your insurer will notify the BMV.

AUTO ACCIDENT CHECKLIST

Accident information

Date_____ Time _____

Location	

Other version	chicle information	
Make	Model	
Color	License Plate No	
Damage		

Vehicle owner's information, if different

Other driver information

Name	
Address	
City	
State	
Phone No.	
Drivers License No	
Date of Birth	
Insurance Co./Agent	

Passenger information

Name
Address

Phone No.

Nature of Injury _____