<table>
<thead>
<tr>
<th><strong>IN CASE OF AN ACCIDENT...</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Follow these directions.</strong></td>
<td></td>
</tr>
<tr>
<td>1 AID THE INJURED</td>
<td>Do not move injured individuals unless absolutely necessary! Warn other drivers.</td>
</tr>
<tr>
<td>2 CALL THE POLICE</td>
<td>Give the exact location and advise if medical is needed. Write down the names and badge numbers of police officers who assist you. Are they state or local police?</td>
</tr>
<tr>
<td>3 RECORD FACTS ABOUT YOUR VEHICLE</td>
<td>Complete all information concerning your vehicle.</td>
</tr>
<tr>
<td>4 OBTAIN FACTS ABOUT OTHER VEHICLES</td>
<td>It is important to get the name, address, vehicle registration, and driver’s license number of other driver(s) involved.</td>
</tr>
<tr>
<td>5 OBTAIN FACTS ABOUT INJURED PERSON(S)</td>
<td>It is very important to obtain name, age, address, and nature of injury of anyone injured.</td>
</tr>
<tr>
<td>6 RECORD FACTS ABOUT OTHER PROPERTY DAMAGE (Non-Vehicular)</td>
<td>Complete all information concerning damage to other property.</td>
</tr>
<tr>
<td>7 GET WITNESSES</td>
<td>Get the names, address and phone numbers of all available witnesses to the accident.</td>
</tr>
</tbody>
</table>

### AID THE INJURED

- **What specific duties were being performed?**

### CALL THE POLICE

- **Name of Officer**
- **Badge No.**
- **Dept.**
- **Traffic Violation**
- **By Whom**

### RECORD FACTS ABOUT YOUR VEHICLE

- **Driver’s Name**
- **Age**
- **Address**
- **Phone**
- **Owner of Vehicle**
- **Address**
- **Phone**
- **Make & Year of Vehicle**
- **Tag No.**
- **Dr. Lic.**
- **Ins. Co.**
- **Where Damaged**
- **Amount**

### OBTAIN FACTS ABOUT OTHER VEHICLES

- **Name**
- **Phone**
- **Address**
- **City**
- **Zip**
- **Owner of Vehicle**
- **Address**
- **Phone**
- **Make & Year of Vehicle**
- **Tag No.**
- **Dr. Lic.**
- **Ins. Co.**
- **Where Damaged**
- **Amount**

### OBTAIN FACTS ABOUT INJURED PERSON(S)

- **Name**
- **Age**
- **Address**
- **Phone**
- **Injured was:**
  - In my vehicle
  - In other vehicle
  - Pedestrian

### RECORD FACTS ABOUT OTHER PROPERTY DAMAGE (Non-Vehicular)

- **Owner**
- **Phone**
- **Address**
- **Object Damaged**
- **Nature of Damage**

### GET WITNESSES

- **Name**
- **Phone**
- **Address**
CALL YOUR INSURANCE VENDOR AND/OR EMPLOYER

DONT COMMENT
Do not make any statement concerning the assumption of liability. Give out only that information required by authorities.

DESCRIBE THE ACCIDENT!

Date __________ Time __________
Location (Give Street or Highway & County)
Facts: ____________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Diagram Accident:

A GUIDE TO WHAT TO DO
This glove compartment guide is provided by the Montana Office of Public Instruction to help you in case of an accident. We hope you do not have to use it, but if you do, follow the numbered steps. Read all directions carefully and complete all information to the best of your ability.