KEEP THIS IN YOUR GLOVEBOX

Car Accident Checklist

What to do after a crash in Missouri, step by step.

CARSON COIL
INJURY LAW

1 GET SAFE AND CALL FOR HELP

- [ ] Stop.
- [ ] Move away from immediate danger if you can do so safely.
- [ ] Call 911 for injuries or immediate danger.
- [ ] Follow the dispatcher's instructions.

911
INJURIES OR DANGER

Safety and medical care come first. Once it's safe, capture what will be hard to reconstruct later. If you're hurt, ask a passenger or someone at the scene to take photos for you.

2 EXCHANGE INFORMATION

- [ ] Other driver's name and contact details
- [ ] License plate number
- [ ] Insurance company and policy number
- [ ] Responding police agency and report number

Missouri law requires drivers in a covered crash to stop and share certain identifying information (Mo. Rev. Stat. § 577.060).

3 TAKE PHOTOS WHEN IT'S SAFE

- [ ] Wide shots of the whole scene
- [ ] Vehicle positions and all damage
- [ ] License plates
- [ ] Signs, signals and road conditions
- [ ] Save any dashcam footage
- [ ] Witness names and contact details

4 FOLLOW UP AFTER THE SCENE

- [ ] Get medical care as needed
- [ ] Write down new or worsening symptoms
- [ ] Notify your own insurer promptly and check your policy
- [ ] Start a folder for photos, reports, bills, receipts and messages

✓ USE THE BACK OF THIS SHEET

Flip this page over to write down the crash details while they're fresh: date and time, location, the other driver and insurer, witnesses, the report number, and where your vehicle was towed.

5 PAUSE BEFORE SIGNING ANYTHING

- [ ] Get the other insurer's name, contact information and claim number
- [ ] Consider legal advice before giving a recorded statement to the other driver's insurer
- [ ] Consider legal advice before signing a medical authorization
- [ ] Consider legal advice before signing a settlement release

This checklist is general information, not legal advice, and does not create an attorney-client relationship.

Crash details on the back →

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WRITE IT DOWN WHILE IT'S FRESH

Crash Details

Fill this in at the scene or as soon as you safely can.

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DATE

TIME

CRASH LOCATION Street, intersection, mile marker, city

OTHER DRIVER NAME

PHONE

LICENSE PLATE

VEHICLE MAKE / MODEL / COLOR

OTHER DRIVER'S INSURER

POLICY NUMBER

INSURER CLAIM NUMBER

ADJUSTER NAME / PHONE

WITNESS NAME

WITNESS PHONE / EMAIL

WITNESS NAME

WITNESS PHONE / EMAIL

RESPONDING AGENCY

REPORT NUMBER

TOW COMPANY / PHONE

WHERE YOUR VEHICLE IS NOW

SYMPTOMS AND NOTES What hurts, when it started, anything else you noticed

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Questions after a crash? Talk to a local attorney.
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