

Bartlett Law Offices GLOVE BOX ESSENTIALS

PRINT THIS & KEEP IT IN YOUR CAR'S GLOVE BOX ALONG WITH THE REGISTRATION, INSURANCE CERTIFICATE AND A PEN.

THE GLOVE BOX ESSENTIALS KIT

Hopefully, you'll never have to use it. But, if an accident does happen, this **Bartlett Law Offices, APLC** GLOVE BOX ESSENTIALS KIT can save you hassles and big problems later.

The GLOVE BOX ESSENTIALS KIT is not designed to replace your insurance company's forms. It is designed to assist you in gathering the maximum amount of information at the time of the accident. You'll need this information later as you deal with insurers and law enforcement. Here are the basics:

TRY TO GET AS MUCH INFORMATION AS POSSIBLE WITHOUT GETTING INTO A CONFRONTATION. Sure, it's hard on your emotions and your temper to be involved in an accident. But stop and think for a minute. The best information and evidence is all right around you. And now's the only time you'll have access to it this way.

KEEP A PEN OR PENCIL IN YOUR CAR ALONG WITH THE INSURANCE CERTIFICATE AND REGISTRATION SO YOU CAN FILL OUT YOUR GLOVE BOX ESSENTIALS KIT!

CALIFORNIA LAW: You must fill out a Police Report with the Highway Patrol or local police (where the accident happened), any time there is:

- a) an injury
- b) a complaint of injury
- c) a death

You have only 24 hours to do this. Forms are available at C.H.P. and police offices.

In the case of an injury, the driver must give:

- a) name
- b) address
- c) vehicle registration number
- d) name of the vehicle owner

to the person who was hurt or owner of the property as well as to any law enforcement officer at the scene of the accident.

The driver is also required to transport, or call transportation, for any injured person or anyone who asks to be taken to get medical treatment. (The Highway Patrol also advises that police be called to the scene or an accident to avoid any potential charge of leaving the scene of an accident.)

Ambulance: It's also a good idea, whenever possible, to call for emergency vehicles when someone is injured in a vehicle accident.

In the case of a death, where law enforcement is not or cannot be called to the scene, the driver must report the death to C.H.P. or local police immediately.

In the case of property damage only, no police report is required. However, the driver must stop and attempt to locate the owner of the damaged property. If that person cannot be located, the driver must leave a note conspicuously posted on the damaged property, disclosing:

- a) the driver's name
- b) address
- c) vehicle registration number
- d) name of the vehicle's owner

In many cases, a REPORT OF FINANCIAL RESPONSIBILITY also must be filed with the Department of Motor Vehicles.

Glove Box Essentials
Compliments of Bartlett Law Offices, APLC
look for more consumer tips @BartlettLawOffices.com

- CALIFORNIA LAW:** You must file a REPORT OF FINANCIAL RESPONSIBILITY (DMV Form SR-1) with the Department of Motor Vehicles any time there is:
- a) \$500 or more damage to either or both cars or any other property
 - b) an injury
 - c) complaint of injury
 - d) a death

and this must be done within 10 days of the accident, no matter who was at fault. Forms are available at all D.M.V. offices. You are also required to provide proof of adequate insurance or other legal financial responsibility to any C.H.P. or local police officer at the scene of an accident. If you can't, you're liable for fines and/or you could lose your license to drive. **WRITE EVERYTHING DOWN!** The question of who's ultimately at fault is often not a cut and dried situation. What may look one way may often be quite another. So, even though you're shaken up, try to fill out this GLOVE BOX ESSENTIALS KIT as fully and completely as possible **before you drive off.**

THE ACCIDENT:

DATE: _____ TIME: _____ AM _____ PM
DAYLIGHT _____ TWILIGHT _____ NIGHT _____
WEATHER: DRY _____ WET _____ DAMP _____
ROAD: DRY _____ WET _____ SNOW _____ ICE _____
POSTED SPEED LIMIT: _____ MPH
OTHER ROAD SIGNS: _____

TRAFFIC CONTROL DEVICES: _____

WHAT HAPPENED? _____

SKETCH OF ACCIDENT SCENE (show position and direction of cars at accident site):

POLICEMAN'S NAME: _____
BADGE OR I.D. NUMBER: _____
POLICE ORGANIZATION: _____
TELEPHONE NUMBER: _____
ACCIDENT REPORT NUMBER: _____

YOUR CAR (at the time of the accident):

MILEAGE ON ODOMETER: _____
GENERAL CONDITION OF CARE BEFORE THE ACCIDENT: _____

Glove Box Essentials
Compliments of Bartlett Law Offices, APLC
look for more consumer tips @BartlettLawOffices.com

INITIAL DESCRIPTION OF ACCIDENT: _____

CITY: _____

PHONE: _____

DRIVER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASSENGER(S) IN YOUR CAR:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WITNESSES TO THE ACCIDENT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

WHAT DID THE WITNESSES SAY THEY SAW?

OTHER CAR – NUMBER ONE (IF ANY)

YEAR: _____ MAKE: _____

MODEL: _____

SERIAL NUMBER: _____

LICENSE: _____ STATE: _____

NAME OF CAR OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

DRIVER'S LICENSE NUMBER: _____

(NOTE: California law requires that drivers show their licenses to other parties upon request. If a driver can't show his license, he must show some other valid I.D.) **WRITE DOWN ALL INFORMATION ON FRONT AND BACK OF LICENSE:** _____

Glove Box Essentials
Compliments of Bartlett Law Offices, APLC
look for more consumer tips @BartlettLawOffices.com

PASSENGERS:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

DID DRIVER APPEAR TO BE DRINKING?

YES _____ NO _____

IMPAIRED IN ANY WAY? YES _____ NO _____

IF SO, HOW? _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

AGENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

MILEAGE ON CAR: _____

DAMAGE TO CAR: _____

OTHER CAR – NUMBER TWO (IF ANY)

YEAR: _____ MAKE: _____

MODEL: _____

SERIAL NUMBER: _____

LICENSE: _____ STATE: _____

NAME OF CAR OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

DRIVER'S LICENSE NUMBER: _____

(NOTE: California law requires that drivers show their licenses to other parties upon request. If a driver can't show his license, he must show some other valid I.D.) **WRITE DOWN ALL INFORMATION ON FRONT AND BACK OF LICENSE**

PASSENGERS:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

DID DRIVER APPEAR TO BE DRINKING?

YES _____ NO _____

IMPAIRED IN ANY WAY? YES _____ NO _____

Glove Box Essentials
Compliments of Bartlett Law Offices, APLC
look for more consumer tips @BartlettLawOffices.com

IF SO, HOW? _____
INSURANCE COMPANY: _____
POLICY NUMBER: _____
AGENT'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____
MILEAGE ON CAR: _____
DAMAGE TO CAR: _____

INJURIES (if any):

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

DESCRIPTION OF INJURIES: _____

SENT TO HOSPITAL? YES ___ NO ___
WHERE? _____
PASSENGER IN CAR # _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

DESCRIPTION OF INJURIES: _____

SENT TO HOSPITAL? YES ___ NO ___
WHERE? _____
PASSENGER IN CAR # _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____

DESCRIPTION OF INJURIES: _____

SENT TO HOSPITAL? YES ___ NO ___
WHERE? _____
PASSENGER IN CAR # _____

OTHER NOTES:

