



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/3303.pdf](http://www.bmv.ohio.gov/3303.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 vehicle information

Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Damage \_\_\_\_\_

#### Vehicle owner's information, if different

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Insurance Co./Agent \_\_\_\_\_

#### Other driver information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Insurance Co./Agent \_\_\_\_\_

#### Passenger information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Nature of Injury \_\_\_\_\_

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