



Use your melon.

# Honda Owner's Accident Guide

What to do in an accident:

## 01 GET SAFE

- TURN ON HAZARD LIGHTS
- GET TO A SAFE SPOT IF YOU CAN
- BE CAREFUL EXITING THE VEHICLE!

## 02 GET HELP

**CALL 911 IF ANYONE IS INJURED!**  
Check to see if anyone is injured, render first aid if possible

## 03 GET INFO

USE THE FORM INSIDE



USE YOUR PHONE CAMERA  
To collect information at the scene.



Collision.Honda.com

Keep this guide in your glove compartment.

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### SKETCH

Use the other side for additional notes and to sketch the accident scene. →

## Damage Description

Your Vehicle:

Other Vehicle:

Towing Company Name Phone

## Driver / Vehicle Information

Driver's Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Driver's Address \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Vehicle Owner's Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Vehicle Owner's Address \_\_\_\_\_

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

Vehicle Make \_\_\_\_\_ Model/Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Insurance Company \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Policy # \_\_\_\_\_

Agent's Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Agent's Phone



### DON'T ADMIT FAULT!

"Fault" is a legal determination that most of us are not trained to make. But, if you admit fault, it could be held against you.



### DON'T FORGET TO USE YOUR PHONE'S CAMERA

Take photos of the license, insurance card, registration, location, vehicles, damage, license plate, driver and passengers.

## Accident Details

Day / Date \_\_\_\_\_ Time / AM PM \_\_\_\_\_

Weather / Road Conditions \_\_\_\_\_

Location of Accident \_\_\_\_\_

Accident Details: \_\_\_\_\_



### FOLD AND KEEP IN YOUR GLOVE BOX.

Visit Collision.Honda.com to download!  
("Z-fold" so the page on the left is visible.)

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## Witness / Passenger Information

Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Address \_\_\_\_\_

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

Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Address \_\_\_\_\_

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

Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Address \_\_\_\_\_

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