

IN THE EVENT OF A

AUTO ACCIDENT

Stay Calm: Don't argue, state only the facts, don't admit guilt. Call 911 for medical assistance and law enforcement. Upon arrival of law enforcement get the officer's information.

Stay Safe: If there are no serious injuries, move the vehicles to the side of the road out of traffic. If a vehicle can't be moved or there are serious injuries, turn on the hazard lights and set out flares or warning signs to alert other drivers of the accident. Either way, turn off your engine.

Exchange Info & Document Accident: Complete the accident check sheet. If the driver's name is not on the insurance card, note the relationship. Use your cell phone to take pictures of both the accident & injuries in both parties. Be sure to take notes!

File an Accident report: You should always file an accident report which is available at a police station and often downloadable from the DMV website.

Contact the Professionals: Call or email from our contacts page to schedule a chiropractic consultation and free auto accident evaluation to determine if you have any injuries from the accident.

Schedule an Auto Accident Evaluation!

You may be feeling sore, stiff or even chronic pain after your accident. Experts agree that one of the best ways to feel better fast AND avoid long term injury is to see someone who is experienced in treating auto accidents. Call us today!



7157 N Lindbergh Blvd
Hazelwood, MO 63042
(314) 731-4201
www.chiropractorofstlouis.com

FILL OUT & PLACE IN YOUR GLOVE BOX!

Insurance Coverage: _____

Towing Coverage: _____

Rental Coverage: _____

Towing Company: _____

Insurance Agent: _____

Chiropractor: **(314) 731-4201**

Auto Body Shop: _____

FREE AUTO ACCIDENT
EVALUATION





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Date: _____ Time: _____ Weather: _____

YOUR CAR

License Plate #: _____
VIN: _____
Make/Model/Yr: _____
Driver: _____
Passenger 1: _____
Passenger 2: _____
Extra Passengers: _____

THE OTHER CAR

License Plate #: _____
VIN: _____
Make/Model/Yr: _____
Driver: _____
Passenger 1: _____
Passenger 2: _____
Extra Passengers: _____

DRIVER'S INFORMATION

Name: _____
License #: _____
Issuing State: _____
Exp Date: _____

DRIVER'S INFORMATION

Name: _____
License #: _____
Issuing State: _____
Exp Date: _____

INSURANCE CARD INFORMATION

Name: _____
Relationship: _____
Company: _____
Policy #: _____
Agent: _____

INSURANCE CARD INFORMATION

Name: _____
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Police Report

Responding Dept.: _____

Officer's Name: _____

Badge Number: _____

Accident Description: _____

Witnesses: _____

FREE AUTO ACCIDENT
EVALUATION

*void
where
prohibited.
Call for
details.

