

Do you know what to do or what questions to ask in the event you are involved in an automobile accident?

The Fireman's Relief Association at Pomeroy Fire Company have put this step by step collisions survival guide together for you to print out and keep in your vehicle.

Step 1: Stay Calm

Step 2: Stop at or near the accident scene. If there is minor damage and the cars are drivable – move off the roadway to a safe location.












Step 3: Turn your 4-way hazard lights on.

Step 4: Check to see if you or anyone else is hurt.

Step 5: Dial 9-1-1 to report the accident, be sure to give a clear description of your location, injuries & damages. **IMPORTANT:** Do not attempt to move anyone that is injured, wait for specially trained Fire & EMS Personnel.

Step 6: Complete the collision information section of this brochure.

Be prepared for any roadway emergency. The following lists important items to have in your vehicle in case of a roadway emergency.

-  Basic First Aid Kit
-  Disposable Camera
-  Road Flares
-  Fire Extinguisher
-  Flash Light/extra batteries
-  Booster Cables
-  Tire Repair Kit
-  Work Gloves
-  Bottle or two or water
-  A Blanket
-  Towel(s)

What to do if you have been involved in an auto accident.



Brought to you by the members of the Pomeroy Volunteer Fire Company No. 1 Fireman's Relief Association.

www.PomeroyFireEms.com

Use the space below to draw the positions of both vehicles, including traffic signals before, after and during collision.

Collision Information Form

Date: _____

Time: _____ am _____ pm

Location of Accident: _____

Weather Conditions: _____

Road Conditions: _____

WAS YOUR VEHICLE: (state where)

Stopped in traffic: _____

Moving: _____

Legally Parked: _____

WITNESSES:

#1:

Name: _____

Address: _____

Telephone #: _____

#2:

Name: _____

Address: _____

Telephone #: _____

#3:

Name: _____

Address: _____

Telephone #: _____

OTHER DRIVER:

Name: _____

Address: _____

Phone #: _____

Work #: _____

Drivers Lic: _____ **State** _____ **#** _____

Lic Plate: _____ **State** _____ **#** _____

Vehicle: _____ **Yr** _____ **Make** _____

Model: _____

Insurance Co: _____

Phone #: _____

Policy #: _____

Brief Description of Damage: _____

WAS OTHER VEHICLE: (state where)

Stopped in traffic: _____

Moving: _____

Legally Parked: _____

Additional Notes:

