

Pennsylvania Motor Vehicle Code

§ 3746. Immediate notice of accident to police department.

(a) General rule.—The driver of a vehicle involved in an accident shall immediately by the quickest means of communication give notice to the nearest office of a duly authorized police department if the accident involves:

- (1) injury to or death of any person; or
- (2) damage to any vehicle involved to the extent that it cannot be driven under its own power in its customary manner without further damage or hazard to the vehicle, other traffic elements, or the roadway, and therefore requires towing.

(b) Duty of occupant if driver disabled.—Whenever the driver of a vehicle is physically incapable of giving an immediate notice of an accident as required in subsection (a) and there is another occupant in the vehicle at the time of the accident capable of doing so, the occupant shall make or cause to be given the notice not given by the driver.

(c) Investigation by police officer.—Every accident reported to a police department required in this section shall be investigated by a police officer who shall provide each driver a signed statement that the accident was reported.

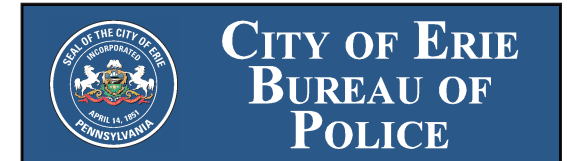
Please Drive Safe



CITY OF ERIE BUREAU OF POLICE

626 STATE STREET ROOM 111
ERIE PA 16501

PHONE 814.870.1125
FAX 814.870.1172
WWW.ERIE.PA.US/POLICE



What to do when you are involved in an accident.



WHAT TO DO WHEN YOU ARE INVOLVED IN AN ACCIDENT:

- Call 911 and report the accident and the location.
- Make sure you are physically OK.
- Make sure the scene is safe.
- Check your passengers and/or the other vehicle(s) occupant(s).
- Have your vehicle and insurance information ready.
- Take pictures if you can (from a cell phone) otherwise, it's a good idea to keep a disposable camera in your glove compartment along with your vehicle's registration and insurance card.

YOUR INFORMATION IF YOU ARE IN AN ACCIDENT !

NAME : _____ . SEX: _____ .

ADDRESS : _____ .

PHONE: (_____) _____ . TIME & DATE: _____ .

INSURANCE CO. : _____ . PH.# : (_____) _____ .

POLICY # _____ .

LICENSE PLATE: _____ .

MAKE: _____ .

MODEL: _____ . COLOR: _____ .

INFORMATION TO OBTAIN FROM THE OTHER VEHICLE IF YOU ARE IN AN ACCIDENT !

NAME : _____ . SEX: _____ .

ADDRESS : _____ .

PHONE: (_____) _____ . TIME & DATE: _____ .

INSURANCE CO. : _____ . PH.# : (_____) _____ .

POLICY # _____ .

LICENSE PLATE: _____ .

MAKE: _____ .

MODEL: _____ . COLOR: _____ .

WITNESS INFORMATION: _____
