

LAW OFFICES OF
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AUTO ACCIDENT INFORMATION

Date _____ Time _____
Place _____
Weather _____

AT FAULT VEHICLE: (if more than two vehicles involved, put other vehicle information on back)

Driver's Name _____
Address _____
City & State _____
Phone _____ Driver's License No. _____
Vehicle Make _____ Licence No. _____ State _____
Owner of Vehicle _____
Address _____
City & State _____
Insurance Co. _____
Policy No. _____
Passengers _____

WITNESSES:

Name _____	Name _____
Address _____	Address _____
City & State _____	City & State _____
Phone _____	Phone _____

Name _____	Name _____
Address _____	Address _____
City & State _____	City & State _____
Phone _____	Phone _____

DESCRIBE WHAT OCCURRED

DO Notify Police
DO Seek competent medical treatment if you are injured
DO File DMV report and keep a copy
DO NOT admit fault

DO Get witnesses names & addresses
DO Take photos of the scene and vehicles, if possible
DO Call your insurance company
DO NOT give statement to insurance adjusters before talking to an attorney