



ACCIDENT INFORMATION REPORT



INSTRUCTIONS: TO MAXIMIZE YOUR POTENTIAL RECOVERY, ONCE SAFE TO DO SO, COMPLETE AS MUCH INFORMATION AS POSSIBLE AT THE SCENE OF THE ACCIDENT. IF UNABLE, COMPLETE THE REMAINDER AS SOON AS POSSIBLE.

- 1) DATE OF ACCIDENT:
- 2) PRECISE LOCATION & CROSS STREETS :
- 3) HOW DID THE ACCIDENT OCCUR?

YOUR INFORMATION:

- 1) NAME: _____
- 2) ADDRESS: _____
- 3) PHONE: _____

YOUR VEHICLE:

- 1) YEAR _____
- 2) MAKE/MODEL _____
- 3) LICENSE PLATE # _____

OTHER VEHICLES:

- 1) NAME OF DRIVER(S): _____
- 2) ADDRESS OF DRIVER(S) _____
- 3) NAME OF INSURANCE COMPANY _____

INJURIES SUSTAINED :

- 5) YOUR INJURIES
- 6) DID YOU LEAVE IN AN AMBULANCE? YES / NO
- 7) NAMES, ADDRESSES, PHONE OF YOUR PASSENGERS

INJURIES SUSTAINED : NAMES / ADDRESS/ CONTACT OF WITNESSES

IMPORTANT:

CALL US BEFORE SPEAKING TO ANYONE ELSE (888 GOT-HURT)

PROTECT YOUR RIGHTS!!!
888GOTHURT.COM

IMPORTANT:

- POLICE INFORMATION: _____
- NAME OF DEPARTMENT: _____
- OFFICER NAME: _____
- PRECINCT: _____
- ACCIDENT #: _____