

WHAT TO DO IN CASE OF AN ACCIDENT

Accident Information Form - Print & Keep This In Your Glove Compartment

This document contains important information and should be completed in case of an accident.

1. Remain at the scene of the accident and stay calm. The information you need is on this form.
2. Notify the police. (usually 911)
3. Exchange information with other driver but do not discuss fault or causation.
4. Seek medical care. Swift medical attention may prevent minor pains from becoming a major injury.

Other Driver

Name: _____
Address: _____
Telephone Number: _____
Driver's License Number: _____
Insurance Company: _____
Policy Number: _____
Year, Make, Model, Color of Vehicle: _____
License Plate Number and State: _____
Damage to other vehicle: _____

Owner of Vehicle (If not the driver)

Name: _____
Address: _____
Telephone Number: _____
License Number: _____
Insurance Company: _____
Policy Number: _____

Witness 1

Name: _____
Address: _____
Telephone Number: _____

Witness 2

Name: _____
Address: _____
Telephone Number: _____

Passenger

Name: _____
Address: _____
Telephone Number: _____

Passenger

Name: _____
Address: _____
Telephone Number: _____

Statements made by Other Driver

Police

Police Department:

Investigating Officer:

Badge Number:

Report Number:

Accident Information

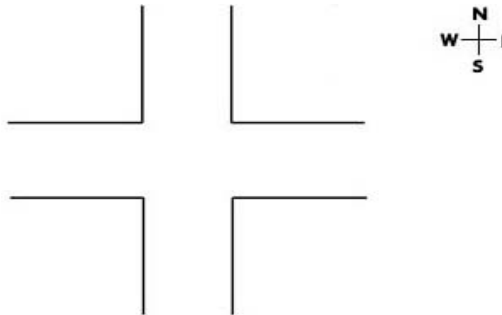
Date of Accident:

Time of Accident:

Place of Accident (City/Township):

Weather Conditions:

Accident Diagram:



Show the following

Street you were traveling on:

Your direction of travel:

Street other driver was traveling on:

Other driver's direction of travel:

If you would like a copy of this Accident Information Form just e-mail us your request or download a copy in PDF format that you can view and print using Acrobat Reader.

At **Belmont & Gressen** there is never a charge to discuss your case and there are no fees in personal injury cases unless we recover money for you. To discuss any legal matter of importance to you, call **Michael S. Gressen, Esquire**, the managing partner of the firm.

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