

ACCIDENT RECORD

Keep in Glove Box



DON'T PANIC AND FOLLOW YOUR ABCs

ALL THE FACTS

Record **ALL** information about the accident in this form.

BE CAREFUL WHAT YOU SAY

Do **NOT** discuss the accident with anyone, except to provide information from your driver's license, registration, and insurance coverage or to provide the law enforcement officers making the report. Do **NOT** discuss fault or cause.

CONTACT OUR OFFICE IMMEDIATELY

We are available by phone. Contact us immediately for our concerned and personal service. We are here to help you.

THEODORE WOLFBERG, ESQ.
ANDREW WOLFBERG, ESQ.
(310) 829-7993
(800) 997-8348
2001 Wilshire Blvd., Suite 205
Santa Monica, CA 90403

ACCIDENT INFORMATION

Date	
Time	
Location	
Police Report #	

WHAT HAPPENED

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FACTS ABOUT THE OTHER DRIVER AND VEHICLE

Name		Driver's License	
Address		Phone Number(s)	
Vehicle		License Plate	
Owner Info		Color	
Insurance		Policy Number	
Passengers			

Witnesses

Name		Address		Phone #	
Name		Address		Phone #	
Name		Address		Phone #	