

Description of Accident:

Statements By Others:

Diagram:

NOTE: If your accident involves a HIT AND RUN DRIVER, for your safety, it is not recommended that you chase the vehicle. Document, if possible, the license plate and a description of the vehicle (make, model, color, and any distinguishing markings or stickers) and a description of the driver. YOU MUST REPORT THE ACCIDENT TO POLICE WITHIN 24 HOURS OR YOUR INSURANCE COMPANY MAY REJECT THE CLAIM.

REMEMBER: CLAIMS MUST BE REPORTED TO INSURANCE COMPANY WITHIN 30 DAYS (SOMETIMES LESS). ALWAYS CHECK YOUR INSURANCE POLICY FOR REPORTING REQUIREMENTS.

WHAT TO DO IF INVOLVED IN AN AUTO ACCIDENT.

Authored by & Courtesy of:



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... FIGHTING FOR PEOPLE

“PROTECTING THE RIGHTS OF INJURED VICTIMS”

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IMPORTANT THINGS TO REMEMBER WHEN IN AN ACCIDENT

- **REMAIN CALM/REGAIN COMPOSURE**
(Make sure it is safe and clear before exiting vehicle and don't stand between vehicles)
- **YOU OR SOMEONE AT SCENE SHOULD CONTACT THE POLICE - DIAL 911**
(Write down name, district, badge number and incident report number - **BE SURE REPORT IS FILED AND CHECK FOR ACCURACY**)
- **EXCHANGE AND DOCUMENT INFORMATION**
(SEE NOTE ON BACK PAGE FOR HIT AND RUN)
Driver's License, Owner's Card & Insurance Card
- **DO NOT MAKE STATEMENTS ABOUT HOW ACCIDENT HAPPENED TO OTHERS**
- **DO NOT RAMBLE WHEN TALKING TO POLICE**
("Maybe I didn't signal, but ..." or "I'm not sure what color the light was, but..." will hurt you)
- **WRITE DOWN ALL PASSENGER INFORMATION**
- **WRITE DOWN WITNESS INFORMATION**
(Write down name, address, phone number exactly what they saw, where they were located and be sure they had an unobstructed view)
- **WRITE DOWN STATEMENTS MADE BY OTHER DRIVERS - BE AS ACCURATE AS POSSIBLE**
- **DRAW DIAGRAM OF ACCIDENT**
(Be sure to document number of lanes, traffic control devices, position of vehicles at point of impact and position of vehicles at point of rest)
- **DOCUMENT DAMAGE - TO BOTH PROPERTY AND PERSONS: TAKE PHOTOGRAPHS OF VEHICLES, SCENE AND INJURIES**
(Include damage to all vehicles, location of vehicles, debris, and markings on roadway, general scene of accident, and any visible injuries)
- **SEEK MEDICAL ATTENTION - EXPLAIN ALL COMPLAINTS, INJURIES AND PAST HISTORY**
- **CONTACT YOUR LAWYER - A S A P**
(The Law Offices of Ronald S. Pollack always provides free consultations, will make home or hospital visits, and will properly report the claim to your insurance company)

1. THE ACCIDENT:

Date _____ Time _____

Location _____

** Write Description of Accident and Draw Diagram
on Back Page of Brochure

2. DRIVERS: (If more than one, document for each)

Other Driver's Name _____

Address _____

Phone # _____

Operator # _____ State _____

3. CAR & INSURANCE: (Document for Each)

Other Vehicle Make _____ Year _____

Model _____ Color _____

License Plate # _____

Vehicle ID# (Owner's Card) _____

Owner's Name _____

Owner's Address _____

Damage to Vehicle _____

Insurance Co. _____

Policy # _____

Effective Dates _____

Name of Insured _____

Address of Insured _____

Insured Vehicle _____

4. PASSENGERS/WITNESSES: (Indicate P or W)

(Get Name, Address & Phone # for each)

5. POLICE:

Name(s): _____

Badge # _____ Incident # _____

District/Station With Address _____
