ACCIDENT GUIDE
The Do's & Don'ts of Auto Accidents

No Fee if No Recovery
Free Consultation with Attorney 24/7

📞 (877) 735-7035
🌐 www.jnylaw.com

Catastrophic Accidents
Wrongful Death
Semi-Truck Accidents
Car Accidents
Motorcycle/Bicycle Accidents
Pedestrian Accidents
Slip/Trip & Fall Accidents
Dog Bite Accidents

📞 (877) 735-7035
Se Habla Español

Keep In Your Glove Compartment Box
Se Habla Español
📞 877-735-7035
🌐 www.jnylaw.com

Yosi Yahoudai is responsible for this advertisement
ACCIDENT RULES

1) If possible, and safe to do so, move vehicles and persons involved out of traffic’s way to a safe place.

2) Call the police, and an ambulance, if needed.

3) Obtain names, addresses and phone numbers of other drivers, passengers and witnesses.

4) Write down makes, models and license numbers of all vehicles involved.

5) Obtain vehicle insurance information of all drivers and vehicles involved.

6) Take pictures of all injuries, damage to vehicles, and the accident scene.

7) Do NOT accept fault or settlement at the scene. Do NOT sign anything.

8) Do NOT speak or give a statement to anybody from anyone else’s insurance company.

9) To get expert legal help, call our office ASAP at (877) 735-7035.

---

OTHER DRIVER
Name _____________________________________________
Address ___________________________________________
Cell Phone # _____________________________
Home Phone # ________________________________
Work Phone# ________________________________
Email ___________________________________________
Driver’s License # ____________________________
Date of Birth _________________________________
Insurance Company ____________________________
Policy # _______________________________________

OTHER VEHICLE
Make __________________________________________
Model _________________________________________
Year _________________________________________
Color _________________________________________
License Plate # ______________________________
Owner’s Name ________________________________
Owner’s Address ______________________________
Owner’s Phone # _____________________________
Owner’s Email __________________________________

WITNESSES
Name __________________________________________
Address _______________________________________
Phone # ______________________________________
Email _________________________________________

POLICE INFORMATION
Department ______________________________________
Officer Name ___________________________________
Officer Badge # _______________________________
Phone # ______________________________________
Police Report # ________________________________

---

DIAGRAM THE ACCIDENT

Sketch the accident in the space below. Using arrows, draw the positions and directions of travel of all cars before, during, and after the accident. Number your vehicle as #1 and the others as #2, #3, etc. Label all street names and indicate location of all traffic signs and stop lights.