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KEEP IN YOUR GLOVE COMPARTMENT

IF YOU HAVE AN AUTO ACCIDENT FILL OUT THIS FORM
AND CALL ME (888-394-1174)

ACCIDENT INFORMATION CHECKLIST

ACCIDENT DATE & TIME: _____

OTHER DRIVER'S INFORMATION

NAME: _____

DRIVER'S LICENSE #: _____ STATE: _____

PHONE #: _____

INSURANCE COMPANY: _____

INSURANCE POLICY #: _____

IF DRIVER WAS DRIVING A COMMERCIAL VEHICLE:

DRIVER'S EMPLOYER'S NAME: _____

DRIVER'S EMPLOYER'S ADDRESS: _____

OTHER VEHICLE

LICENSE PLATE #: _____ STATE: _____

YEAR OF CAR: _____ MAKE: _____ MODEL: _____

REGISTERED OWNER'S NAME: _____

**USE YOUR CELL PHONE TO TAKE PHOTOS OF THE DAMAGE TO ALL VEHICLES INVOLVED,
AND OF THE ACCIDENT SCENE**

WITNESSES

1. NAME: _____

PHONE #: _____

2. NAME: _____

PHONE #: _____

OTHER

POLICE DEPT.: _____

POLICE REPORT DR#: _____