

LAW OFFICE OF MARK L. VAN BUSKIRK

ACCIDENT INFORMATION CHECKLIST

Keep in your automobile glove box. If you are involved in an automobile collision, fill out this form and call attorney Mark L. Van Buskirk at (213) 438-9999 or email at Mark@VanBuskirkLaw.com.

ACCIDENT LOCATION (INTERSECTION):

ACCIDENT DATE & TIME:

OTHER DRIVER'S INFORMATION:

Name: _____
Driver's License #: _____ State: _____
Driver's Address: _____
Phone #: _____
Insurance Company: _____
Insurance Policy #: _____

IF DRIVER WAS DRIVING A COMMERCIAL (BUSINESS) 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, the accident scene and the location of vehicles.

WITNESSES:

1. Name: _____ Phone#: _____
Address: _____

2. Name: _____ Phone#: _____
Address: _____

Police Dept.: _____

Police Dept. Report #: _____