

# **11 THINGS TO DO**

**STOP.** It is illegal to leave the scene of an accident.

**DIAL 911** if anyone needs urgent medical care.

**CALL THE POLICE** or local Law Enforcement.

**BE CAREFUL WHAT YOU SAY.** Don't admit fault or make a statement until you talk to Randall J. Wolfe, P.C.

**COOPERATE WITH POLICE.** Give only facts, not opinions.

**EXCHANGE WITH THE OTHER DRIVER(s):** Driver's license, car license number and insurance company information.

**FILL IN THE BLANKS** on the next panel. Take pictures of your vehicle and your injuries as soon as possible (preferably not Polaroid).

**SEEK MEDICAL ATTENTION IMMEDIATELY.** You may have injuries you are not aware of.

**REPORT THE ACCIDENT** to the DMV within 72 hours of the accident.

**0 NOTIFY AND COOPERATE WITH YOUR INSURANCE COMPANY.** Remember, however, they may not be on your side now that you have a claim.

**1 CALL RANDALL J. WOLFE, PC,** to protect your rights, answer your questions and to have the burden of this accident lifted from you, if you were not at fault. **PRESENT THIS COMPLETED FORM FOR YOUR FREE PERSONAL INJURY CONSULTATION!!**

## **Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Driver's License \_\_\_\_\_

State \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy no./exp. date \_\_\_\_\_

## **Other Driver**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Driver's License \_\_\_\_\_

State \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy no./exp. date \_\_\_\_\_

## **Passenger or Witness #1**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Passenger(which car) or Witness? \_\_\_\_\_

## **Passenger or Witness #2**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Passenger(which car) or Witness? \_\_\_\_\_

## **Accident Facts**

Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

Weather condition \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Police Officer**

Name / Department \_\_\_\_\_

Badge Number \_\_\_\_\_

Police Report Produced: Yes / NO

## **Diagram of Accident**

Please show, to the best of your ability, how the accident occurred.

