

Accident Information

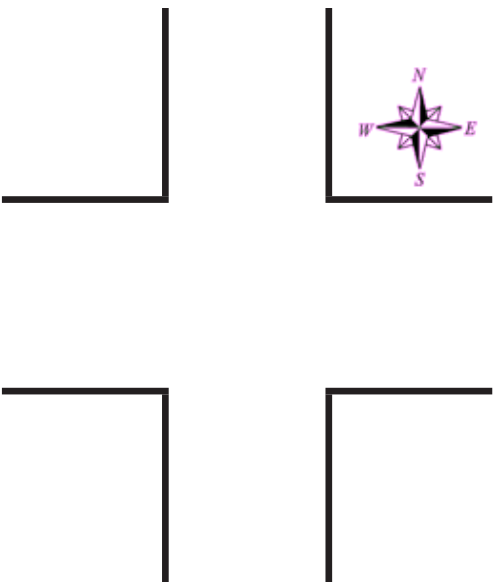
Location Of Accident

Date: _____

Time: _____

Weather Conditions: _____

DRAWING OF ACCIDENT SCENE



(805) 379-1919

www.manfredilevine.com

CALL OUR PERSONAL INJURY HOTLINE

- AUTO ACCIDENTS • SLIP AND FALL ACCIDENTS
- MOTORCYCLE ACCIDENTS • DEFECTIVE PRODUCTS

NO FEE IF NO RECOVERY • FREE CONSULTATION

ManfrediLevine
ATTORNEYS
Manfredi, Levine, Eccles, Miller & Lanson, APC

WHAT TO DO IN CASE OF AN ACCIDENT

Keep in glove compartment

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ATTORNEYS

Manfredi, Levine, Eccles, Miller & Lanson, APC

3262 E. Thousand Oaks Blvd.

Suite #200

Westlake Village, CA 91362

(805) 379-1919

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ACCIDENT INFORMATION

WHAT TO DO IN CASE OF AN ACCIDENT

If you keep this folder in your car and follow the steps inside, it will greatly assist you in obtaining the maximum recovery for your injuries and property damage.

1. GATHER THE FACTS

The information you need is outlined in this folder. Fill it out completely.

2. BE CAREFUL WHAT YOU SAY

Do not discuss the accident with anyone, except to provide facts requested by law enforcement officers at the scene or information from your license or registration. Do not discuss fault or cause.

3. CONTACT US IMMEDIATELY

We are available to assist our clients at all times. Contact us within 24 hours or the first business day following the accident about your rights and duties.

- Free consultation
- Recommendation of appropriate doctors

Use our PERSONAL INJURY HOTLINE

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ATTORNEYS

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ABOUT THE **OTHER** DRIVER

Name of the other driver: _____

Address: _____

Phone: (Home) _____

(Work) _____

Driver's License # _____

State: _____

Insurance Company: _____

Policy # _____

Car License # _____

State: _____

Color: _____

Make: _____

Year: _____

Model: _____

Owner of Vehicle: _____

Police Officer: _____ Badge # _____

ABOUT **YOUR** CAR

Color: _____

Make: _____

Year: _____

Owner: _____

License : _____

State: _____

Insurance Company: _____

Policy # _____

WITNESSES

WITNESS #1

Name: _____

Address: _____

City: _____

Phone: _____

WITNESS #2

Name: _____

Address: _____

City: _____

Phone: _____