

IN CASE OF ACCIDENT

Ask to see the other driver's:

1. Driving License
2. Registration
3. Insurance Card

1. **DRIVER**
Address _____

Phone # _____
Operator's # _____
2. **CAR**
Make _____ Year _____
Model _____ Color _____
License Plate # _____
Vehicle ID # _____
Damage _____

3. **INSURANCE CO.**
Policy # _____
Effective Date _____
Name of Insured _____
Address _____
Insured Vehicle _____
4. **PASSENGER(S)** (Name – Address – Phone #)

5. **WITNESS(ES)** (Name – Address – Phone #)

6. **THE ACCIDENT**
Date _____ Time _____
Location _____
Police Officer _____

PUT ACCIDENT DESCRIPTION, DIAGRAM AND STATEMENTS MADE BY OTHER PARTIES ON THE REVERSE SIDE

7. **GO TO THE HOSPITAL FOR AN EXAMINATION**

Compliments of

Jerry Friedman, Esq.
The Motorcycle Attorney

I-800-LAW-4-HOGS