

INFORMATION ABOUT THE PARTIES TO THE ACCIDENT:

Did a police officer write up a police report on the accident? YES NO

If yes, what police department wrote up the report? _____ Other City or Town: _____

Do you have a copy of the police report? YES NO (if yes, please provide our office with a copy of this report)

Was a ticket or citation issued by a police officer as a result of the accident? YES NO

Who received the ticket or citation? _____

Do you have any "courtesy slips" or other information concerning the other parties involved in the accident? YES NO

(if yes, please provide our office with a copy of this information)

Did the accident involve a *hit-and-run* driver? YES NO

Are you licensed to drive? YES NO (please provide our office with a copy of your license)

Is the car which you normally drive properly registered? YES NO (please provide our office with a copy of the registration)

Other: _____

Were you in your own vehicle or someone else's at the time of the accident? Check one.

my own vehicle my spouse's my parent's a friend's other

If you were in someone else's vehicle, answer the following:

Name of Owner: _____

Address of Owner: _____

Was there any property damage to either of the vehicles as a result of the accident?

both vehicles the other person's vehicle the vehicle I was in Neither vehicle was damaged

Your Auto Insurance Company (at the time of accident): _____ Phone or City: _____

Agent: _____ Phone or City: _____

Have you been contacted by an adjuster from the other party's insurance company regarding this claim? YES NO

Name of Adjuster: _____ Company: _____

Phone: _____

Check all that apply: I have settled my personal injury claim with this company I have settled the property damage claim I have signed an agreement which will pay my medical expenses for a period of time (explain) _____

I have not signed any agreement, nor settled any portion of my claim.

~~Are you currently represented by an attorney?~~ YES NO If NO, do you wish to retain an attorney YES NO

Name of Attorney: _____ Phone or City: _____