

## Car Accident Information Checklist

### Facts of Accident

- Date, time, & location
- Street you were traveling on and direction of travel
- Street at-fault driver was traveling on and direction of travel
- Brief description of how the accident happened

**Police Report:** Was there a police report? If yes, we need the report number, police station location & telephone number

### Your Information

- Name
- Address
- Telephone Number
- Email Address
- Date of Birth
- Driver's license number
- Your vehicle: Year, make, model, license plate number, registered owner's name
- Amount of damage to your vehicle (minor, moderate, major)
- Is your vehicle drivable? If not, location of your vehicle
- Location of damage on you vehicle
- If your vehicle is repairable: name and telephone number of the body shop you want to use
- If your car is at an impound yard, the name and telephone number of the impound yard
- Do you have health insurance? Name of health insurance carrier
- Your auto insurance:
  - Insurance company's name
  - Policy number
  - Telephone number
  - Do you have uninsured motorist coverage? (We want this information even if the at-fault driver had auto insurance. Reason: if the at-fault driver did not have enough insurance to cover the value of your claim, you may be able to make an "underinsured" motorist claim under you own policy after collecting the at-fault driver's policy limit. Marking such a claim will not affect your premiums whatsoever.) [Click here to see a sample auto insurance "Declaration page",](#) (the page which states your policy limits), with the uninsured motorist limits that we recommend.

- Do you have medical payments coverage? Policy limit?

**At-Fault Driver's Information**

- Name
- Address
- Telephone number
- Date of birth
- Driver's license number
- At-Fault driver's vehicle: Year, make, model, license plate number
- Amount of damage to at-fault driver's vehicle (minor, moderate, major)
- Location of damage on at-fault driver's vehicle
- At-fault driver's auto insurance:
  - Insurance company's name
  - Policy/claim number
  - Telephone number

**Witnesses:** Contact information for every witness (name, address & telephone number)

**Conversations at the Scene:** Did you have any conversations at the scene of the accident with anyone (other driver or witnesses) about how the accident happened and who was at fault? If yes, who said what?

**Injures:** Complete list of injuries you suffered in the accident

**Medical Providers:** Name, telephone number, and dates of treatment for every medical provider you have treated with as a result of the accident

**Loss of Earnings:** If you missed or will miss time from work due to your injuries, we will need to request documentation from your employer.

- Employer's name & telephone number
- Your job title
- Your job duties
- How much you earn
- Dates you missed due to the accident

**Prior injury claims:** Before this car accident, did you ever make an injury claim? If yes, we need the following information, to the best of your recollection:

- Date or approximate date of prior injury
- Type of accident

- Injuries suffered in the prior accident
- Names of medical provider with whom you treated, if you recall

(Reasons we need this information: the other side is able to look up your claims history. They will try to use any prior injury claims against you by arguing that your current injuries are the result of a prior accident. Knowing your prior claims history will allow our firm to prepare to rebut the other's side's attempt to deflect responsibility for your injuries.)

**Photographs:** Did you take any photographs at the scene? Of the damage to your car? Of your injuries? If yes, we want you to email us all photos.

**Items we will want copies of:**

- Your driver's license
- Your vehicle registration
- Your proof of car insurance
- Your car insurance "declarations page", (the page that states your policy limits)
- Your Medicare or Medi-Cal card, if you are enrolled in either program
- Your health insurance card

