

AUTO ACCIDENT GUIDE

Date of Accident: _____ Time: _____ A.M. P.M.

Location of Accident: _____

Drivers MUST Provide This Info!

Name of Driver(s): _____

Drivers License Number(s): _____

Vehicle Plate Number(s): _____

Insurance Policy Number(s): _____

Insurance Co. Name(s): _____

Witness #1: _____

Address: _____

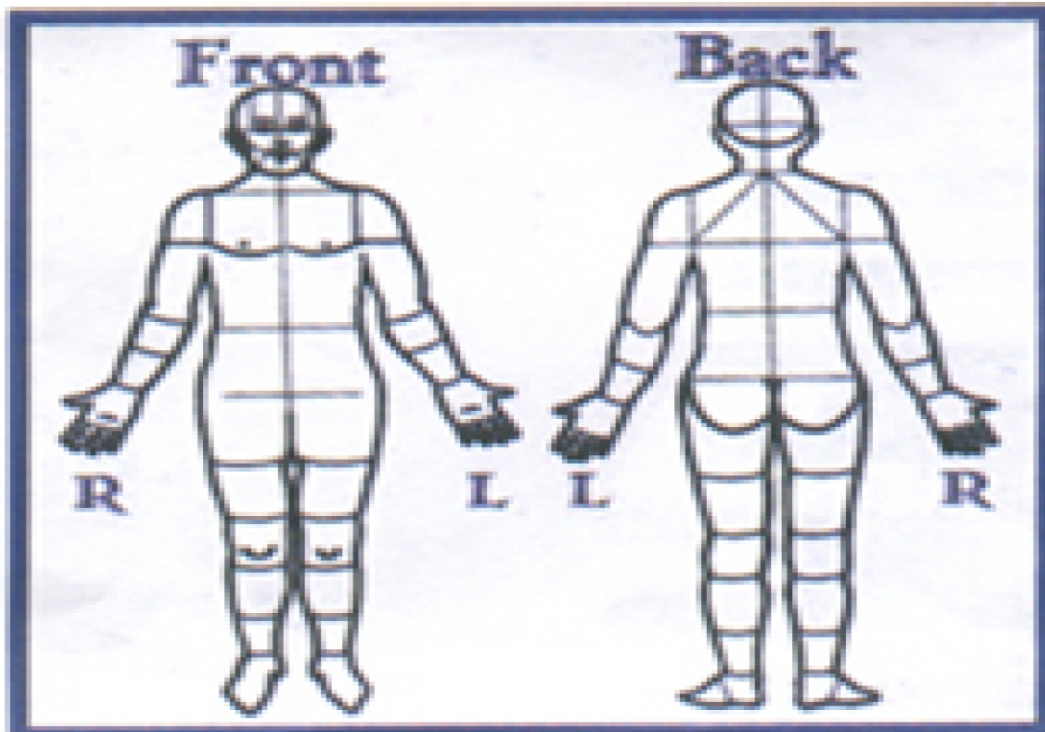
_____ Phone #: _____

Witness #2: _____

Address: _____

_____ Phone #: _____

Mark on the body figures any area of pain or injury from the accident.
Indicate any swelling, bruising, cuts, soreness, etc.



CALL ATTORNEY JUAN J. DOMINGUEZ IMMEDIATELY
FREE CONSULTATION-24Hrs. (800) 818-1818