

KANTROWITZ, GOLDHAMER & GRAIFMAN, P.C.
New York -- New Jersey -- Florida
Toll Free 1-800-660-7843

AUTO ACCIDENT CHECKLIST
Prepared for My Attorneys

PAGE 1 OF 2

(PLEASE COMPLETE YOUR INFORMATION IN ADVANCE SO IT IS AVAILABLE IN AN EMERGENCY)
THIS PAGE CAN BE GIVEN TO THE OTHER DRIVER

MY CAR INFORMATION

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

DRIVER'S LICENSE # _____ **PLATE #** _____

MY CAR: MAKE _____ **MODEL** _____ **YEAR** _____

MY INSURANCE CO. IS _____

CLAIM DEPT. TELEPHONE # _____

MY POLICY NUMBER IS _____

MY AGENT IS _____

AGENT TELEPHONE # _____

EMERGENCY CONTACTS:

NAME _____ **TEL #** _____ **RELATIONSHIP:** _____

NAME _____ **TEL #** _____ **RELATIONSHIP:** _____

LAWYERS: KANTROWITZ, GOLDHAMER & GRAIFMAN 1-800-660-7843

DOCTOR: NAME _____ **TEL #** _____

KEEP THIS IN YOUR GLOVE COMPARTMENT

**Kantrowitz, Goldhamer
& Graifman, P.C.**
747 Chestnut Ridge Road
Chestnut Ridge, N.Y. 10977
(845) 356-2570

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PAGE 2 OF 2

DATE: _____ **TIME:** _____ **LOCATION:** _____

OTHER DRIVER NAME: _____ **DOB:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TEL # _____ **LICENSE #** _____ **PLATE #** _____

OTHER DRIVER CAR: MAKE _____ **MODEL** _____ **YEAR** _____

OTHER DRIVER INSURANCE CO. _____

POLICY # _____ **EXPIRATION DATE** _____

IS DRIVER THE OWNER? () YES () NO **TOWING COMPANY OF MY CAR:** _____

OWNER _____ **Where will car be taken?** _____

IS CAR LEASED? () YES () NO **TOWING COMPANY OF OTHER CAR:** _____

LEASING CO. _____ **Where will car be taken?** _____

PASSENGERS IN OTHER CAR:

Name _____ **AMBULANCE CORP.** _____

Address _____ **PARAMEDICS** _____

City _____ **ST** _____ **ZIP** _____

Witnesses:

Name _____ **Name** _____

Address _____ **Address** _____

City _____ **ST** _____ **ZIP** _____

Telephone # _____

INJURIES IN OTHER

CAR: _____ **Name** _____

Address _____

DAMAGE TO OTHER **City** _____ **ST** _____ **ZIP** _____

CAR: _____ **Telephone #** _____

INJURIES IN MY

CAR: _____ **NOTES:**

The Other driver told me: _____

DAMAGE TO MY

CAR: _____ **The Police told me:** _____

Police Officer's Name _____ **The Witnesses told me:** _____

Badge # _____ **Report #** _____

Police Dept. Telephone # _____

Date Report Available _____

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