

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

**AUTO ACCIDENT CHECKLIST**

**PAGE 1 OF 2**

Prepared for My Attorneys

(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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**AUTO ACCIDENT CHECKLIST**  
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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** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**INJURIES IN MY CAR:**

**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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