



# Automobile Accident Information Form



After An Accident Call:

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## Accident Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Street, Direction and Lane I was driving: \_\_\_\_\_

\_\_\_\_\_

Street, Direction and Lane other Driver was driving: \_\_\_\_\_

Names of passengers in my vehicle: \_\_\_\_\_

\_\_\_\_\_

Speed of my vehicle: \_\_\_\_\_

What happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other Driver Info (Write on back if others):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_

## Other Driver Info (Cont):

License Plate: \_\_\_\_\_

Registered Owner of Vehicle: \_\_\_\_\_

Names of Passengers in Vehicle: \_\_\_\_\_

\_\_\_\_\_

Insurance Co. Name and Policy No.: \_\_\_\_\_

\_\_\_\_\_

Liability Policy Limits: \_\_\_\_\_

## Witness Info (Write on back if others):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

## Misc. Info:

Car Towed to: \_\_\_\_\_

Police Agency at Scene: \_\_\_\_\_

Police Report No.: \_\_\_\_\_

Physical pain while at scene: \_\_\_\_\_

\_\_\_\_\_

**Take Pictures of the Accident Scene, Injuries, and the Vehicles Involved!**