



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!**