

ACCIDENT REPORT FORM

Being involved in a car accident can be a traumatizing experience. However, it is important that you keep your wits about you and get certain information about the other vehicle(s) involved.

Keep this Accident Report Form in your car at all times. In the event you are involved in an accident use it to get as much of the information as you can. It will not only help you when you make your claim with your insurance company, but it will help me in investigating whether or not you have a claim against another driver or drivers who may have caused the accident.

If you are involved in a car accident, call the police. An officer will come to the scene and prepare a police report which will include information we will need to make a claim.

If you are involved in an accident with a driver who has no insurance or, if the other driver does not stop after the accident, **you must call the police immediately to protect your right to make a claim for uninsured motorist benefits.**

You should contact your insurance company as soon as possible to report the accident. If possible, call me before you speak with your insurance company to determine whether to use your insurance benefits to pay you property damage or use those of the driver who caused the accident. **Do not speak with anyone else.**

I will assist you in completing forms for your insurance company and, if you are injured, in making a claim for your pain and suffering, wage loss and medical expenses, if necessary, against the person(s) at fault.

Accident date: _____ Time: _____ AM _____ PM _____

Driving conditions: Clear, dry _____ Rainy _____ Snow, ice _____ Fog, poor visibility _____

Accident location: St/Hwy _____ City _____ State _____

Police dept./sheriff investigating: _____ Police Case No.: _____

Tickets Issued? Yes _____ No _____ To whom? _____ Charge _____

Your vehicle: Registered Owner _____

Address _____

Yr. _____ Make _____ Model _____ VIN _____

Color _____ License Plate # _____ State _____

Insurance Co. _____ Policy # _____

Driver: Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____ Ext. _____

Drivers Lic. # _____ State _____ Were you injured? _____

Passengers: 1. Name _____

Address _____

Home Phone _____ Bus. Phone _____ Age _____

Injured? Yes _____ No _____ Describe _____

2. Name _____

Address _____

Home Phone _____ Bus. Phone _____ Age _____

Injured? Yes _____ No _____ Describe _____

(over please)

MICHAEL A. LASHNER, ESQUIRE

(215) 504-0523

Other vehicle: Registered Owner _____

Address _____
Yr. _____ Make _____ Model _____ VIN _____
Color _____ Lic. Plate _____ State _____
Insurance Co. _____ Policy # _____

Driver: Name _____
Street _____ City _____ State _____ Zip _____
Home Phone _____ Bus. Phone _____ Ext. _____
Drivers Lic. # _____ State _____ Any injuries? _____

Passengers: 1. Name _____
Address _____
Home Phone _____ Bus. Phone _____
Age _____ Injured? Yes _____ No _____ Describe _____

2. Name _____
Address _____
Home Phone _____ Bus. Phone _____
Age _____ Injured? Yes _____ No _____ Describe _____

Witnesses: 1. Name _____
Address _____
Home Phone _____ Bus. Phone _____ Age _____

2. Name _____
Address _____
Home Phone _____ Bus. Phone _____ Age _____

A brief description of how the accident happened: _____

MICHAEL A. LASHNER,
ESQUIRE

AUTO
ACCIDENTS



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