

Police Department _____

Diagram

Officer responding _____

Time Arrived _____ Cars moved? _____

Statements by Officer _____

Ambulance _____

Hospital _____

Witness: #1

Name _____ Address _____

Other Notes:

Phone #s _____

Summary of Witness' Statement _____

Witness: #2

Name _____ Address _____

Phone #s _____

Summary of Witness' Statement _____

Compliments

of

**Murphy Haskins
& Dengler**

43 E. Marshall Street
Norristown, Pa. 19401

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help@fmurphylaw.co

**Murphy Haskins
& Dengler**

**PERSONAL
INJURY
ATTORNEYS**

**Important Information
About Car Accidents**



Keep This Document In Your Car

610-272-4222

**43 E. Marshall St., Norristown, Pa. 19401
WWW.fmurphylaw.com**

What To Do If You Are In A Car Accident, A Guide.

You have just been in a car accident, what should you do? What information do you need? This brochure is meant to be a practical guide to the minimum information you should try to obtain.

What Information Should I Get At The Scene?

Keep this brochure in your glove compartment. At the scene, first determine if you are physically able to gather information. If you are unable to think clearly or are in a great deal of pain, you need to summon medical help. If you are experiencing the above symptoms do not try to drive away from the scene until you have been medically assessed. If you are feeling well enough to exchange information you should have in your car your insurance and registration cards. Try to keep up to date insurance information in the car. If you physically cannot get the information suggested on this form have a passenger do it or call a relative or friend to come to the scene.

**If You Think You Might Need An Attorney
Call Us At 610-272-4222**

Owner/Operator/Vehicle Information:

Other Vehicle 1

Owner's Name _____

Address _____

Phone #s _____

Driver's Name _____

Address _____

Phone #s _____

Vehicle

Year _____ Make _____

Model _____ Color _____

Registration State _____ Plate# _____

Passengers _____

Address _____

Insurance Information

Carrier _____

Policy # _____ valid Y N

If More Than One Other Car Involved Get The Same Information From Each Driver.

Facts/Location/Scene:

Date _____ Day of Week _____

Exact Time _____ AM PM

Lighting _____ Traffic _____

Road you are on _____

Intersecting Road _____

Closest intersection _____

Distance to inter _____

Landmarks _____

Direction you were traveling: N E S W

Direction of other vehicle(s): N E S W

Roadway:

Physical/Visual Obstructions? _____

Road Surface material _____

Surface conditions _____

Foreign Matter on road _____

Grade: Incline, Level, Decline _____

Traffic Devices: Controlling your vehicle _____

_____ Controlling the other vehicle _____

Speed Limits: Controlling your vehicle _____

Controlling other vehicle(s) _____