

WHAT TO DO IN CASE OF AN ACCIDENT

[KEEP THIS IN YOUR VEHICLE]

1. Stop. Do not leave the scene.
2. Assist the injured.
3. Call the police and ambulance.
4. Protect the scene, if possible, do not move cars.
5. Exchange information with the other driver(s). [See enclosed card.]
6. Do not admit liability or fault.
7. Get names and phone numbers of witnesses. [See enclosed card.]
8. Do not hire any lawyer recommended by tow truck personnel. This is illegal.
9. Take photographs of scene and cars.
10. Do not give statements to anyone but police.
11. Get medical attention as soon as possible.
12. Notify your insurance agent.
13. Call your lawyer, GREGORY P. DiLEO, Attorney at Law, 300 Lafayette Street, Suite 101, New Orleans, LA 70130; Phone: (504) 522-3456

Free initial consultation on personal injury claims - No Recovery - No Fee

Advertisement Courtesy of Your Attorney, Gregory P. DiLeo (504) 522-3456

INFORMATION ABOUT THE OTHER DRIVER(S)

Vehicle 1 (Other Driver):

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Insurance Company (Not Agent):

Policy No.: _____

Driver's License No.: _____

License Plate No.: _____

Year/Make of Car: _____

If commercial vehicle, name of
company: _____

Vehicle 2 (Other Driver):

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Insurance Company (Not Agent):

Policy No.: _____

Driver's License No.: _____

License Plate No.: _____

Year/Make of Car: _____

If commercial vehicle, name of
company: _____

ACCIDENT SCENE DIAGRAM

Draw a diagram using one of these outlines to sketch the scene of your accident, writing in the street or highway names or numbers:

1. Number each vehicle and show direction of travel by arrow → □□ > <□□ ←
2. Use solid line to show pattern before accident ————□□>
Use dotted line to show path after accident -----□□>
3. Show pedestrian by: ————⊙
4. Show railroad by: |||||
5. Show distance and direction to landmarks; identify landmarks by name or number.
6. Indicate North by arrow as ↑.

ACCIDENT DATA

DATE: _____ TIME: _____ A.M. P.M.

PLACE: _____
(Town) (City) (State)

ROADWAY: _____
(Street, Highway or Intersecting Highways)

LANDMARK: _____
(Near a bridge, milepost, ramp, etc.)

ACCIDENT DESCRIPTION

(Explain in your own words what happened).

EMERGENCY NUMBERS
