

In case of an accident, here are some important

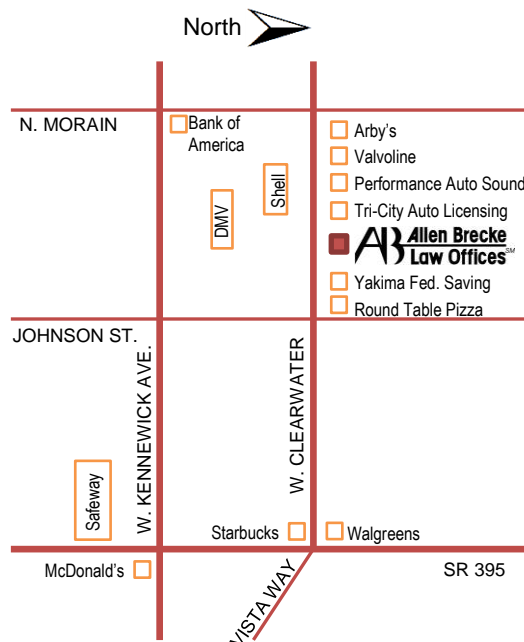
DOS and DON'TS

DO

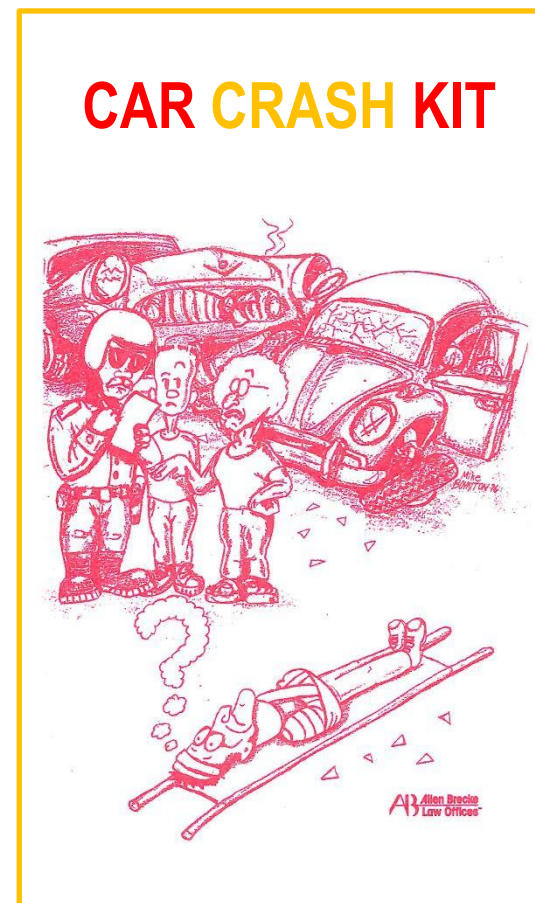
- ✓ Call your attorney. Allen Brecke Law Offices' number is (509) or (888) 735-0546.
- ✓ Get name, address, and phone number of all witnesses.
- ✓ Take photos or videos of accident and damage to your car and other cars involved in the accident.
- ✓ Have photos taken of your injuries.
- ✓ Keep a written record of your injuries, pains, activities and any work time lost due to your injury.
- ✓ Pay all bills by check.
- ✓ Follow your doctor's advice and care.
- ✓ Keep all medical appointments.
- ✓ Talk only to your doctor or attorney.

DO NOT

- ✗ Do not talk about your accident or about how you feel with anyone except your doctor or your attorney.
- ✗ Do not say you were at fault.
- ✗ Do not settle your claims early, especially if you are under medical care.
- ✗ Do not sign release papers of any kind.
- ✗ You do not need to make a statement to an insurance adjuster.
- ✗ Do not let insurance adjusters pressure you.



*Find Out What
Your Rights
Are Under the Law*



**AB Allen Brecke
Law OfficesSM**

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KEEP THIS IN YOUR CAR!

ABOUT THE OTHER CAR AND DRIVER

Driver's Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____
Driver's License No. _____
Insurance Company _____
Make and Model of the car: _____

Also note:

- ✓ Damage to the other car _____
- ✓ Alcohol on breath? _____
- ✓ Turn signals on? _____
- ✓ Lights on? _____
- ✓ Speed of the other car _____
- ✓ Statements made at the scene _____
- ✓ Pictures taken? _____

PASSENGERS IN OTHER CAR

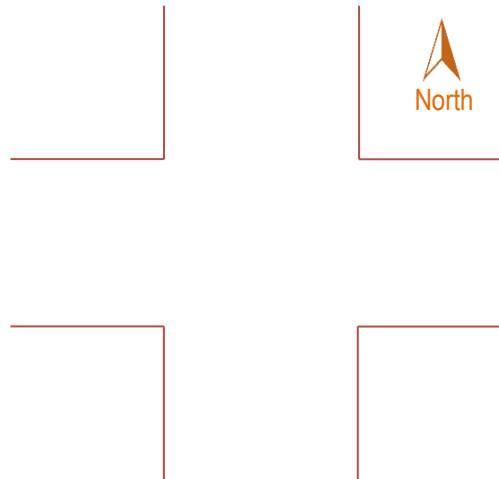
Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____
Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____
Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____

ABOUT YOU & YOUR CAR

Damage to your car _____
Speed of your car _____
Make and mode of your car _____
Your insurance company _____
Pictures taken? _____
Identify your passengers _____

CAR CRASH KIT

Diagram of Accident Scene



NOTE ON DIAGRAM

- ✓ Position of your car (Number 1)
- ✓ Position of other car (Number 2)
- ✓ Position of any other cars (Number 3, 4, etc.)
- ✓ Lanes of traffic
- ✓ Who was turning
- ✓ Direction of travel
- ✓ Draw in other streets, alleys, driveways, etc
- ✓ If highway, show number of lanes
- ✓ Traffic signals and signs
- ✓ Name of streets
- ✓ Other _____

ROAD REPORT

Time of day _____
Weather _____
Traffic Flow _____
Road type and condition _____

WHO SAW THE CRASH? WHO HEARD STATEMENTS?

Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____
Vantage point (e.g. from behind you, etc) _____
Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____
Vantage point (e.g. from behind you, etc) _____
Name _____
Address _____
City _____ State ____ ZIP _____
Phone _____ Age _____
Vantage point (e.g. from behind you, etc) _____

OTHER PEOPLE AT THE SCENE

What Police Department? _____
Officer? _____
Badge Number? _____
Towing Company _____
Phone Number _____
Hospital/Medical/Fire Dept. _____

Ambulance Company _____
Other persons _____

Notes _____

