

ACCIDENT INFORMATION

Law Offices of

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.....
Date: _____ Time: _____

Location: _____

Other Driver

Name: _____

Address: _____

Telephone: _____

Drivers License: _____

Date Of Birth: _____

Drivers Ins Co: _____

Policy Number: _____

Other Car

Make & Year: _____

License Plate: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____

Owner's Ins Co: _____

Policy Number: _____

WITNESSES

Name: _____

Address: _____

Telephone: _____

PASSENGERS

Name: _____

Address: _____

Telephone: _____

INSTRUCTIONS

1. Do not admit fault.
2. Get names and addresses of all people at the scene.
3. Take pictures of your car and the scene as soon as possible
4. Call your insurance agent.
5. Do not give a recorded interview or written statement to any adjuster without consulting your attorney.
6. Get name of reporting Police Department

NOTES:

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PAYSINGER...for your Legal PROTECTION