

Grabb & Durando

PERSONAL INJURY ATTORNEYS

We recommend that you print this form and keep it in your glovebox

Date of Accident: _____ Time: _____

Location: _____

Accident Checklist

- Get medical help for anyone injured
- Exchange information with all parties
- Get contact information from witnesses
- Take photos of the scene
- Sketch the accident
- Do NOT admit fault
- Call Grabb & Durando 520-326-2500

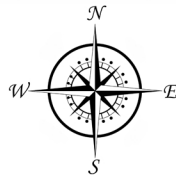
Other Vehicle

Drivers Name:	License Number:	Address:
Phone:	Type of Car:	VIN:
License Plate:	Insurance Company:	Policy Number:

Other Vehicle

Drivers Name:	License Number:	Address:
Phone:	Type of Car:	VIN:
License Plate:	Insurance Company:	Policy Number:

Accident Sketch



Witness #1: _____

Phone: _____

Witness #2: _____

Phone: _____

Witness #3: _____

Phone: _____

Description of Accident
