



**(800) 272-4080**  
**B U C H A N A N & B E C K E R I N G**  
 L I T I G A T I O N C O U N S E L  
 171 Monroe Ave. N.W. Suite 750  
 Grand Rapids MI 49503  
<http://www.severeinjury.com/>

<p><b>1. Exact location of auto accident?</b></p> <hr/> <hr/> <p><b>Directions the vehicles were traveling prior to auto accident?</b></p> <hr/> <hr/> <p><b>Time of day accident occurred?</b></p> <hr/> <hr/> <p><b>Weather conditions at time of auto accident?</b> _____  <b>Anything visibly "wrong" with the vehicles before the auto accident?</b>  <b>(For example: Broken lights or bad tires?)</b></p> <hr/> <hr/> <hr/> <p><b>Was there damage to the vehicles from the auto accident?</b>  <b>Circle Yes / No</b></p> <hr/>	<p><b>Were any of the vehicles towed from the accident? Circle Yes / No</b></p> <p><b>How did the accident occur?</b></p> <hr/> <hr/> <hr/> <p><b>Did anyone take responsibility for the accident?</b></p> <hr/> <hr/> <hr/> <p><b>Were any police officers involved? Did they issue anyone a ticket? Circle Yes / No</b>  <b>Officer's name?</b> _____  <b>Circle: State or Local Policeman</b>  <b>Badge number:</b> _____  <b>Phone number (    )    -   </b></p> <p><b>2. Was anyone injured in the accident?</b></p> <hr/>	<p><b>Was medical Assistance provided?</b></p> <hr/> <hr/> <p><b>Did anyone say they were <i>not</i> hurt?</b></p> <hr/> <p><b>Name:</b> _____  <b>Address:</b> _____</p> <p><b>Driver's license number:</b></p> <hr/> <p><b>3. Did it appear that drugs or alcohol contributed to the accident in any way? Circle Yes / No</b>  <b>If so, write down your observations about their behavior.</b></p> <hr/> <hr/> <hr/> <p><b>4. Details about drivers and passengers in other vehicles and pedestrians (if any were involved)</b>  <b>Name:</b> _____</p>
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<b>Address:</b> _____ _____ <b>Phone Number:</b> (    )    - <b>Driver's license Numbers:</b> _____ _____ _____	<b>Registered Owner of Vehicle:</b> _____ <b>Insurance Company:</b> _____ <b>Policy Number:</b> <b>Insurance Phone Number:</b> (    )    -	<b>5. Who witnessed the accident and was not directly involved?</b> <b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone number:</b> (    )    - <b>Driver's license number:</b> _____ _____
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**Other Important Tips:**

1. Seek Medical Help. Never hesitate to get checked out by medical professionals even if you think you may be okay later. Do not substitute your judgment for that of an experienced medical professional. If you do, it will be used against you in court.
2. Take Photographs. It is important to take pictures of the accident scene, damaged vehicles, and people involved,
3. Don't Talk to the Other Driver's Insurance Company. Never give an oral statement to the other side's insurance company. If you do, you will regret it.
4. Preserve Evidence. It is vitally important to preserve the vehicles and physical evidence of an accident. For example, in cases where a passenger is ejected from the vehicle, it is necessary to examine the seatbelt to determine if it was functioning properly. If the physical evidence is discarded, the claim may be barred.