



GOULD & JEFFERSON

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Car Accident Fill-In Form & Checklist

DRIVER/VEHICLE INFORMATION:

Name: _____ Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Lic. Plate #: _____ VIN #: _____

Driv. Lic. #: _____ Address: _____ Phone: _____

INSURANCE INFORMATION:

Company: _____ Agent: _____

Phone: _____ Policy #: _____ Exp. Date: _____

PASSENGER/WITNESS:

Name: _____ Address: _____ Phone: _____

PASSENGER/WITNESS:

Name: _____ Address: _____ Phone: _____

PASSENGER/WITNESS:

Name: _____ Address: _____ Phone: _____

POLICE INFORMATION: *Was a police report filed? YES | NO*

Officer's Name: _____ Jurisdiction (City, County, etc): _____

Badge #: _____ Report #: _____ Time/Date: _____

NOTE: If no police report is filed, be sure to file an incident report for your claim.

ACCIDENT INFORMATION:

Time: _____ Date: _____ Location (address and/or landmarks): _____

Conditions (weather, traffic and/or road): _____

Visible Surveillance Cameras (notate general location/be descriptive): _____

Other Notes: _____

**INJURED IN A
CAR ACCIDENT?**

**CALL NOW
(310) 8999-LAW (529)**