

What do I do now?

Try to remain calm:

1. Assess if anyone requires immediate medical attention, if so: CALL 911
2. Move to a safe area to exchange information using your Glove Box Accident Form as a guide.
3. Take pictures, lots of pictures.
4. If the vehicles are not drivable to move out of traffic, call the non-emergency police number to help direct traffic and your towing service.
5. Call your insurance company.
6. Complete any required forms for your local government agency.

What else should I do?

Accidents can turn your life upside-down very quickly and be extremely upsetting;

- Document as much as you can. This could make the difference should there be questions in the future.
- Don't assume that you are not injured – often in auto accidents injuries aren't immediately evident for several days. Should an injury present itself at a future date be sure to seek medical attention.
- If you ever feel like the other insurance company is not treating you fairly and quickly consider getting legal advice.

If it becomes overwhelming Lakepoint Law Firm can be your advocate when you are in an accident and there is no charge for your initial consultation.

Lakepoint Law Firm

We are here to stand by you when accidents happen; our experience makes the difference.

We can help you with:

- *Auto Accidents*
- *Personal Injury Accidents*
- *Workers' Compensation Claims*
- *Motorcycle Accidents*
- *Pedestrian Accidents*
- *Bicycle Accidents*

Free Initial Consultation

Glove Box Accident Form

Lakepoint Law Firm

Your Personal Injury Experts

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Glove Box Accident Form

*Your Guide should you ever
find yourself in an accident.*

Accident Details

Driver 1 Name *(your vehicle)*

D1: _____

Passenger(s) Name(s) *(your vehicle)*

P1 _____

P2 _____

P3 _____

P4 _____

Vehicle 1 make/model *(your vehicle)*

Driver 2 Name *(other vehicle)*

Driver 2 License number and State of issue

Driver 2 Address:

Driver 2 phone number

Vehicle 2 make/model *(other vehicle)*

Vehicle 2 License number:

Driver 2 Insurance Company

Driver 2 Insurance Policy/Account number

Date: _____

Time: _____

Road conditions: _____

Weather conditions: _____

<p>Diagram</p>	<p>Number each vehicle: 1 2</p> <p>Show path by: </p> <p>Show pedestrian/bicyclist by: </p> <p>Show railroad tracks by: </p>	<p style="text-align: center;">← --- (name of street, road or route)</p>
<p>_____</p> <p>_____</p> <p style="text-align: center;">--- (name of street, road or route) ↑</p>	<p>_____</p> <p>_____</p> <p style="text-align: center;">--- (name of street, road or route) ↑</p>	<p>_____</p> <p>_____</p>
<p>Describe what happened: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Independent Witness – (Persons not involved in the accident)

Name: _____

Name: _____

Phone: _____

Phone: _____